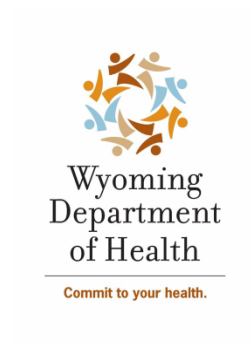


**Wyoming  
Department  
of  
Health**

**FY 2014 & 2015-2016 Biennium  
Budget Reduction Overview**

Prepared by  
Wyoming Department of Health Management and Staff



**Thomas O. Forslund**  
**Director**  
**Wyoming Department of Health**


Thomas O. Forslund, Director

Governor Matthew H. Mead

**MEMORANDUM**

**Date:** November 1, 2012

**To:** Joint Appropriations Interim Committee  
Joint Labor, Health and Social Services Interim Committee

**From:** Thomas O. Forslund, Director   
Wyoming Department of Health

**Subject:** Budget Reduction Proposal – Fiscal Year 2014, and 2015-2016 Biennium

**Ref.:** F-2012-501

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**Background**

During the most recent legislative session, the Wyoming Department of Health (WDH) was directed to reduce its General Fund expenditures by four percent for State Fiscal Year 2014 and to prepare a plan to reduce its expenditures by an additional eight percent for the 2015-2016 biennium. These directives were issued due to the uncertainty of the State's long-term revenue picture and due to the growth of the WDH's budget in recent years.

**What You Will See In This Report**

This document begins with a summary of the required reductions. There is a four percent reduction for 2014, which equals two percent for the 2013-2014 biennium; six and eight percent reductions for the 2015-2016 biennium. While the budget bill requires the WDH to prepare an eight percent budget reduction plan for 2015-2016, Senator Nicholas, chairman of the Senate Appropriation Committee, requested that the WDH also present a six percent option. He stated that it was the Legislature's intent for the department to only sustain a six percent reduction for FY 2015-2016. As a result, he asked the WDH to present both options.

Major sections of the report include:

- Recap of 2012 budget session.
- 2014, 2015, 2016 State General Funds budget summary (ten percent reduction and eight percent reduction scenarios) for all programs.

- Programs under \$3,000,000 State General Funds – Detail.
- Program Sections - Discussions, history, programs evaluations and proposed reductions.
- Programs are presented in rank order by the amount of the State General Fund contributions.
- Five largest programs representing 89 percent of the budget including Medicaid, Mental Health and Substance Abuse, Preschool Services, the State Hospital, and the Life Resource Center.
- Fifteen next largest programs representing nine percent of the budget.
- Twenty-four smallest programs representing two percent of the budget.

In the program section of the report, proposed spending reductions are shown for each program. The twenty largest programs, as determined by budget size, contain the same components of information:

- Program description;
- Standard budget and position history;
- Cost drivers;
- Proposed General Fund cuts;

In addition, information and analysis is provided to assist the reader in better understanding the different programs.

## **Outreach**

When work began on the Legislative directives, it was determined that departmental personnel needed to reach out to representatives of the provider community to discuss the need for budget reductions and ask for their input. Additionally input was needed from the department's program managers and administrators. Finally research was needed regarding the agency's program costs and performance and to make comparisons with other states. All of these efforts were completed prior to beginning the process of developing the final recommendations for budget reductions.

## **Budget Reduction Criteria**

At the beginning of the process, it was determined that a common set of criteria was needed to assist in determining which programs should be reduced or eliminated. The criterion was to serve as an underpinning for making the difficult decisions. The following is a list of criteria established by the department to make the budget reduction recommendations:

- Every program must be considered for potential savings.
- Minimize impact on safety net health programs.
- Minimize impact on core services.

- Minimize impact on programs that provide services to the broader population vs. a narrow population.
- Minimize impact on provider groups that received significant cuts during the last round of budget reductions.
- Minimize impact on vulnerable provider groups.
- Reduce administrative costs.
- Reduce funding for those programs that had the most growth in recent years.
- Reduce reimbursements, as much as practical, to out of state providers.

### **Medicaid Options Report**

During the last session, the Legislature directed the WDH to undertake a review of the existing Wyoming Medicaid Program to analyze the cost drivers and identify areas within the program that may benefit from a redesign. The WDH has completed the first two of three reports of the Medicaid Options Study. The third and final report will be completed by December 1, 2012. The first two reports included 122 options. If a number of these options are implemented, it will begin the process of transforming numerous parts of the Wyoming Medicaid Program, and present significant, but still undefined, opportunities for savings. As such, no cost savings based upon program redesign are included in the budget reductions for the Medicaid Program. Only provider payment reductions in the existing Medicaid Program are included in this report. However, it is anticipated that the WDH will realize additional savings in the Medicaid Program in the years to come as a result of the program redesigns.

### **Summary**

I hope this report assists you in better understanding the WDH's budget and provides you with useful information for your discussions.

TOF/jg

c: Governor Matthew H. Mead  
Kari Jo Gray, Chief of Staff, Office of the Governor



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# Recap of 2012 Budget Session

Wyoming  
Department of  
Health

## General Fund Reductions for FY 2014

	<u>FY 14</u>
2012 Budget Session- Reductions	\$ 19,041,232
Unfunded Emergency Detention	\$ 5,200,000
DD Waiting List Funding***	<u>\$ 1,500,000</u>
Total Reduction Needed for FY 14*	\$ 25,741,232

## General Fund Reductions for 2015-2016 Biennium

	<u>FY 15/16</u>
8% Required Reductions**	<u>\$ 74,761,618</u>
Total Reduction Needed for FY 15-16*	\$ 74,761,618

## Grand Total of Reductions for FY 2014, and 2015-2016 Biennium

<b>Grand Total of Reductions*</b>	<b>\$ 100,502,850</b>
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\*Any reductions to Medicaid state general funds will lose the corresponding federal match, dollar for dollar.

### 2012 Budget Session Legislative Direction

Enrolled Act No. 29 Section 48b, 2012 Budget Session- This section split the Department of Health biennium budget into two annual budgets (2013, 2014) and reduced the General Fund budget by four percent in SFY 2014.

FY 13/14 Budget Bill Language

Section 306:

“The department shall, in consultation with the governor’s office, provide a plan to reduce the department’s overall general fund expenditures in the 2015-2016 fiscal biennium. The plan shall be submitted by November 1, 2012, to the joint appropriations committee and the joint labor, health, and social services interim committee.”

\*\*Section 319:

“In preparing the governor’s budget request for the 2015-2016 fiscal biennium, reductions totaling 8% of the 2012 budget session general fund appropriation for agency standard budgets, **including the department of health**, shall be included in the governor’s recommendation.”

\*\*\* Section 408b:

“Of this appropriation, one million five hundred thousand dollars (\$1,500,000) of the general fund appropriation and one million five hundred thousand dollars (\$1,500,000) of the federal fund appropriation **shall only be used in the 2013 fiscal year** to reduce the waiting lists for the Medicaid child and adult developmental disability waivers and the acquired brain injury waivers.”

## **Budget Prioritization Considerations**

- Every program must be considered for potential savings
- Minimize impact on safety net health programs
- Minimize impact on core services
- Minimize impact on programs that provide services to the broader population vs. a narrow population
- Minimize impact on provider groups that received significant cuts during the last round of budget reductions
- Minimize impact on economically dependent provider groups
- Reduce administrative costs
- Reduce funding for those programs that had the most growth in recent years
- Reduce reimbursements, as much as practical, to out of state providers

# FY 14/15/16 General Fund Budget Reductions

Wyoming  
Department of  
Health

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2015 6% GF Cuts	2015-2016 8% GF Cuts
Medicaid*	\$ 7,257,275	\$ 565,002,340	\$ 14,098,716	\$ 23,987,755
Mental Health and Substance Abuse	4,774,939	104,867,825	10,000,000	13,812,459
Preschool Services	1,415,512	69,360,070	4,000,000	5,700,000
State Hospital	1,292,423	68,628,653	6,000,000	6,461,545
Life Resource Center **	1,399,852	59,198,512	5,500,000	5,500,000
<b>Budgets with &gt; \$25,000,000 GF - 89%</b>	<b>\$ 16,140,001</b>	<b>\$ 867,057,400</b>	<b>\$ 39,598,716</b>	<b>\$ 55,461,759</b>
Public Health Nursing	\$ 805,217	\$ 11,571,000	\$ 805,217	\$ 1,272,810
Senior Services Board	490,585	11,164,415	700,000	895,104
Tax Refund	323,969	8,654,192	8,654,192	8,654,192
Senior Care	188,463	6,878,466	192,295	256,393
Veteran's Home	-	6,546,872		-
Immunization	-	6,435,016	-	707,852
Support Services ( Fiscal, HR, etc.)	10,000	5,695,368	197,445	197,445
Retirement Center	-	5,345,620	2,818,564	2,818,564
Information Technology	100,000	5,074,471	969,785	969,785
Maternal and Family Services	88,600	4,341,424	200,000	476,557
Pioneer Home	-	4,349,394		-
Substance Abuse Prevention	-	4,258,430	350,000	468,427
Drug Courts	247,184	3,768,174	335,000	447,184
Public Health Lab	30,816	3,649,140	250,000	337,180
Tobacco Prevention	308,227	3,158,290	300,000	347,412
<b>Budgets with &gt; \$3,000,000 GF - 9%</b>	<b>\$ 2,593,061</b>	<b>\$ 90,890,272</b>	<b>\$ 15,772,498</b>	<b>\$ 17,848,905</b>
24 Budgets under \$3,000,000 GF - 2%	\$ 308,171	\$ 18,691,422	\$ 700,000	\$ 1,450,955
<b>Total</b>	<b>\$ 19,041,233</b>	<b>\$ 976,639,094</b>	<b>\$ 56,071,214</b>	<b>\$ 74,761,619</b>
Less WLRC costs paid by Medicaid	-	(42,118,854)		-
<b>Total General Fund Budget</b>	<b>\$ 19,041,233</b>	<b>\$ 934,520,240</b>	<b>\$ 56,071,214</b>	<b>\$ 74,761,619</b>

Additional Cuts Required in FY 14:	2014
Unfunded Emergency Detent. Costs	\$ 5,200,000
DD Waiting List - FY 13 Funding Only (Embargoed)	1,500,000
<b>Grand Total</b>	<b>\$ 25,741,233</b>

\* Reductions to Medicaid state general funds will lose the corresponding federal match, dollar for dollar with the lost federal match equaling \$31,245,030. Total cuts for 2014, 2015-2016, including the lost federal match for Medicaid equal \$131,747,882 based on the 8% cut scenario.

\*\* \$21,059,427 of the annual operating costs of the Life Resource Center is reimbursed by Medicaid, of which 50% is State General Funds.

# Programs under \$3,000,000 in Total General Fund Budget

Wyoming  
Department of  
Health

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2015 6% GF Cuts	2015-2016 8% GF Cuts
Vital Statistics	\$ 5,000	\$ 1,350,428	\$ 30,000	\$ 30,000
State Health Officer	-	440,548		-
Emergency Medical Services	38,793	1,803,702		198,407
Poison Center	-	97,168		-
Rural Health	26,131	1,280,417	25,000	108,443
Provider Loan Repayment	11,520	564,480	400,000	400,000
Renal Dialysis	28,876	1,414,908		-
CPH Administration	-	645,368		-
Oral Health	-	1,395,150		-
WIC	33,321	1,632,721	75,000	179,599
PHS Administration	3,250	1,092,100		120,131
Cancer Programs - Federal	-	153,398		-
Cancer Programs - State	-	773,716	70,000	191,551
HIV/AIDS	9,030	842,470	40,000	91,798
STD Prevention	37,004	38,988		-
Diabetes Control	2,000	322,887	20,000	35,517
Infectious Disease Epidemiology	4,521	221,491		-
Behavioral Health Admin	4,475	807,495		4,475
Respite Care	3,000	147,000		-
Aging Admin	11,042	918,487	40,000	91,034
Nutrition Services	69,270	537,426		-
Elder Rights	3,438	297,182		-
Senior Volunteer Service	17,500	487,500		-
Health Care Licensing	-	1,426,392		-
<b>Total General Fund Budget</b>	<b>\$ 308,171</b>	<b>\$ 18,691,422</b>	<b>\$ 700,000</b>	<b>\$ 1,450,955</b>

## Program Description

Medicaid was established in 1965, at the same time as Medicare, under Title XIX of the Social Security Act. Wyoming began participation in Medicaid in 1967. Medicaid provides medical assistance for low-income and medically vulnerable citizens. Medicaid is an “entitlement” program, which means the program must provide benefits to an indefinite number of enrollees who have a legal right to those benefits when they meet the eligibility standards.

Medicaid eligibility is based on residency, citizenship and identity, social security eligibility as verified by social security number, family income and, to a lesser extent, resources or health care needs. There are four major categories of eligibility: children, pregnant women, family care adults, and the aged, blind or disabled.

Medicaid covers mandatory services as required by the federal government and optional services authorized by the Wyoming Legislature. The Wyoming Legislature has authorized six 1915 (c) Home and Community-Based Waiver Programs (Adult DD, Children DD, Acquired Brain Injury, Children’s Mental Health, Long Term Care, and Assisted Living Facility). These waivers were all implemented at the option of the state.

Medicaid is a federal/state partnership program. Currently, the federal government provides reimbursement to the state through a federal match rate, technically called the Federal Medical Assistance Percentage (FMAP). The FMAP for Wyoming is currently 50%, which is the lowest amount possible under current law.

The Medicaid program is the largest program within the Wyoming Department of Health by expenditures, and by use of state general funds. For the 2013-2014 biennium, Medicaid (including waivers) is budgeted to use 60% of all state general funds in the Department of Health.

In SFY 2011, the Medicaid system cost \$518.9 million (State and Federal), served 77,207 recipients, and cost \$6,720 per recipient as shown in the table below:

SFY11	Medicaid System
<b>Total Cost</b>	\$518.9m
<b># Recipients</b>	77,207
<b>Cost Per Recipient</b>	\$6,720

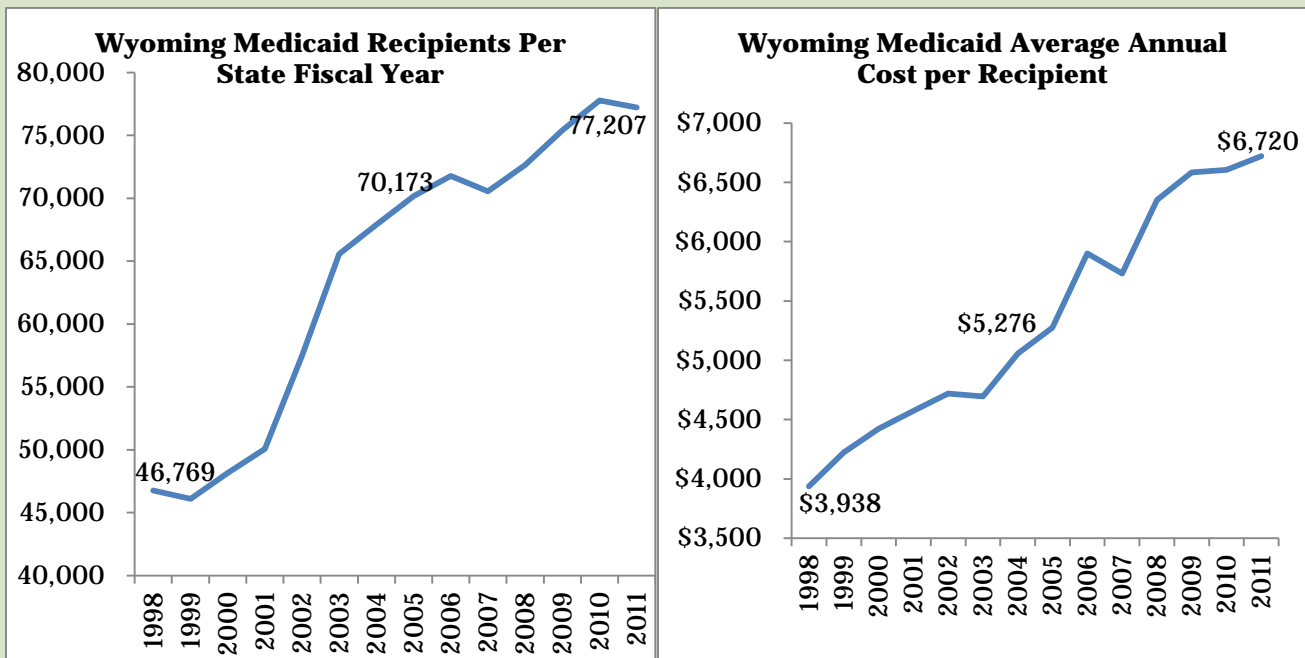
## Standard Budget History

	2005-2006	2007-2008	2009-2010	2011-2012	2013-2014	10 yr. Growth
<b>General Fund</b>	\$229,626,701	\$333,351,598	\$438,328,440	\$423,510,558	\$508,627,272	122%
<b>Federal/Other</b>	\$404,678,572	\$494,035,449	\$531,636,753	\$518,675,530	\$618,769,649	53%
<b>Total</b>	\$634,305,273	\$827,387,047	\$969,965,193	\$942,186,088	\$1,127,396,921	78%
<b>WDH Positions</b>	55*	77*	84	86	90	64%

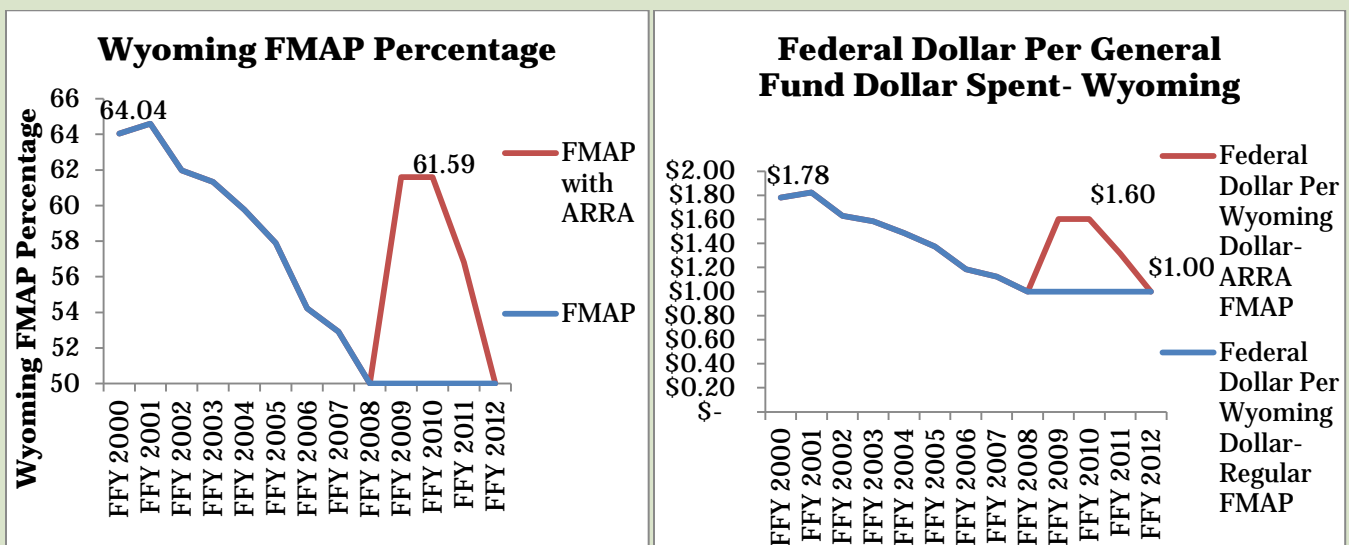
Please note that in 2005-2006 Medicaid expenditures were budgeted in multiple divisions but are combined here for presentation. In 2007-2008 and thereafter, all Medicaid expenditures have been budgeted in the Division of Healthcare Financing. \*Medicaid staffing from throughout the WDH were consolidated into a single division called Healthcare Financing in 2007-2008.

## What Drives Cost?

The main determinants of cost are the number of people served by the program and the cost per person. These have been explored in more detail in the Medicaid Option Study One and Two but generally the cost per recipient and the number of recipients have increased significantly.



Another factor impacting General Fund cost is a reduction in the FMAP percentage from 57.90% in SFY 2005 to 50% in SFY 2012. As shown below, the temporary ARRA funding delayed the 50% FMAP until the 2012 Federal Fiscal Year.



## 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Medicaid*	\$7,257,275	\$565,002,340	\$23,987,755

\* For every State dollar cut, the State loses the same amount in matching federal funds.

## 2014 General Fund Cuts Proposed

Options for consideration (Intentionally will not equal \$7,257,275)

### 0430 Prescription Drug Assistance Program \$1,966,243

This program does not receive any federal match. This program serves approximately 3,000 clients over the course of each year. These clients are not eligible for Medicaid as it exists today. They may be covered by the Affordable Care Act.

Some of these clients may be able to access medications from the Med Donation program; however, controlled medications (hydrocodone, oxycodone, suboxone & clonazepam—in our top 4 medications) and refrigerated medications (Lantus—also in the top 4) are not allowed, by law, to be donated or re-dispensed. They may not have any other access or payment source for their drugs. Top meds dispensed through the PDAP are Hydrocodone APAP (pain med), Oxycodone APAP (pain med), Seroquel (antipsychotic) and Clonazepam (anti-anxiety med).

### 0460 Mandatory Adult, 0461 Mandatory Children, 0470 Optional Adult, Physician Reimbursement \$ 994,614

Reduction from physician reimbursement in the area of OBGYN services is proposed to meet the needed budget reductions. In 2004/5 the legislature implemented and funded a requirement that Medicaid reimburse providers for these services at the rate of 90% of average billed charge. Over time, this policy has caused these rates to be quite high, especially when compared to other states in the region. For example, procedure code 59618 (routine obstetric care – global payment) pays \$3,867 in Wyoming Medicaid, whereas the same code pays much less in surrounding states (e.g., \$1,316 in Colorado; \$2,325 in Montana). Across 22 obstetric procedure codes, Wyoming pays 235% of the regional average as compared to Colorado, Montana, Idaho, South Dakota, Nebraska, and Utah. Additional details are included in a Pregnant Women White Paper included as an appendix to Medicaid Options Report Two.

Proc Code	Proc Code Description	WY	CO	MT	ID	SD	NE	UT
59618	Routine Obstetric Care, Global Payment	\$3,867	\$1,316	\$2,325	\$1,783	\$1,559	\$2,182	\$1,489

When Governor Freudenthal required the 10% budget cuts, his office asked that these rates be exempt from the reductions. It is recommended to reduce them to more in line with regional Medicaid rates. Other rates that were not previously reduced will be reviewed for reduction.

## 2014 General Fund Cuts Proposed Continued

### 0470 Optional Adult \$1,700,000

Reduction from provider reimbursement for crossover claims where Medicare is the primary payer for services provided to clients who are dually eligible for Medicare and Medicaid. Wyoming Medicaid currently reimburses providers for the full deductibles and cost-sharing amounts on Medicare crossover claims.

- Section 4714 of the Balanced Budget Act (BBA) of 1997 clarified State liability for Medicare cost-sharing by amending the Social Security Act as follows:
  - “a State is not required to provide any payment for any expenses incurred relating to payment for deductibles, coinsurance, or copayments for Medicare cost-sharing to the extent that payment under Title XIII for the service would exceed the payment amount that otherwise would be made under the State plan under this title for such services if provided to an eligible recipient other than a Medicare beneficiary.”
  - “...in the case in which a State’s payment for Medicare cost-sharing for a qualified Medicare beneficiary with respect to an item or service is reduced or eliminated ...the amount of payment made under Title XVIII plus the amount of payment (if any) under the State plan shall be considered to be payment in full for the services.”
- The following change in reimbursement for Medicare crossover claims is recommended as a cost savings measure to implement this section of the Balanced Budget Act of 1997:
  - Medicaid payment will be calculated by comparing the Medicaid allowed charge minus the Medicare payment to the sum of the Medicare deductibles and coinsurance and paying the lower of the two values. This will apply to claims for all dually eligible clients including those who are eligible as a Qualified Medicare Beneficiary. This will result in Medicaid making a zero payment on some crossover claims.



**2014 General Fund Cuts Proposed Continued****0480 DD Adult Waiver, 0481 DD Children's Waiver, 0482 ABI Waiver    \$ 2,596,043**

The four waiver programs should be able to attain approximately \$2.6 million in savings by continuing its current cost containment measures. These include managing waiting lists for each of the three DD waivers, Residential Habilitation service targeting criteria, Individual Budget Amount (IBA) methodology, exception process for IBA adjustments, and caps for selected services. The impact of this action may include: increased waiting lists, few residential habilitation placements, reduction to the size of residential habilitation providers, reduction in Individual Budget Amounts (IBAs) and increased exception requests for the IBA adjustments. Reducing respite costs by adding a daily respite rate: Estimated savings over two years saves us about \$350,000 GF. The impact would be a reduction in pay to about 39% of providers. Reduce all rates by 1% (.99) from budget rebasing levels. This will contain costs, not reduce expenditures in the short term. Currently there are fifty children served in the Special Family Habilitation Home Service. The Special Family Habilitation Home Service will be discontinued for new participants and as the children age out of the program this service will not offer be offered to new participants.

## 2015-2016 General Fund Cuts Proposed Continued

Additional cuts and changes to achieve the full amount of cuts for the 2015-2016 biennium will be proposed in the Medicaid Options Study. These reductions do not include the impact of any increase of eligibles or expenditures due to ACA. A few ideas are noted in the table below:

Reduction Activity	Impacts
Reduction in total provider reimbursement expenditures due to implementation of Global and/or Bundled payment systems.	Impacts: Mandatory Services Adults, Mandatory Services Children, Optional Services Adults
Reduction in total provider reimbursement expenditures as a result of implementing Behavioral Health Homes, Maternity Health Homes, and Medical Health Homes.	Impacts: Mandatory Services Adults, Mandatory Services Children, Optional Services Adults
Reduction in total provider reimbursement expenditures due to implementation of managed care for one or numerous eligibility groups.	Impacts: Mandatory Services Adults, Mandatory Services Children, Optional Services Adults
<p>Waiver Redesign - Implement a support waiver with a cap, which could range from \$10,000 per person to \$20,000 per person, depending on funding. Funding could also be based on individual need, so an individual living at home with lower needs may only receive \$5,000, since the person is receiving supports through their family, schools etc.</p> <p>Implement a comprehensive waiver for people already living in group homes, and adding more residential options on that waiver that are more integrated and less costly, such as shared living. Continue targeting criteria for residential habilitation, but only fund people in group homes who need high levels of supports. Other individuals who, for example, may lose their primary care giver but not need intensive supports could be funded in a shared living setting at lower costs.</p> <p>Evaluate limits to specific services and/or eliminating services. Specific examples would include reducing the limit on respite, reducing or eliminating child habilitation services and residential habilitation training, reducing skilled nursing services, and discontinuing special family habilitation home services.</p>	Impacts: Adult DD Waiver, Child DD Waiver

**All potential savings vary considerably and depend on the design selected by the legislature and the extensiveness and speed of implementation.**

## Medicaid Options Studies

The Wyoming Department of Health completed the Medicaid Options Study Report I in May 2012, the Medicaid Option Study II in September 2012 and the Medicaid Options Study Report III in November 2012. The Medicaid Options Study Report III offers the opportunity of shifting the Wyoming Medicaid program to new design models, and presents significant but still undefined opportunities for savings.

Since final decisions have not been made on Medicaid redesign, no cost savings have been specifically included in this budget plan. The recommendations from Medicaid Options Study Report III will be presented to the Joint Labor, Health, and Social Services Interim Committee in mid-November 2012. The consideration of options for the Medicaid program has been addressed through the Medicaid Options Study process but other immediate reductions are presented in this document. All Options Studies completed to date are available on the Wyoming Department of Health website homepage. The following tables are included from Medicaid Option Study Report One and Two, and are included as examples of the type of information that is available in those reports.

**TABLE 1: Medicaid Programs in SFY11 by State and Federal Share**

Medicaid Programs	Total Expenditures <sup>4</sup>	State Share %	Federal Share %	# of Recipients <sup>1</sup>	Cost Per Recipient	% of Total Expenditures
Aged, Blind, & Disabled <sup>2</sup>	\$ 304,200,528	49.4%	50.6%	12,970	\$ 23,454	58.6%
AB&D - HCBS	154,929,180	49.9%	50.1%	4,722	32,810	29.9%
AB&D - Institution	97,492,649	49.0%	51.0%	2,843	34,292	18.8%
AB&D - SSI & SSI Related	51,778,699	48.3%	51.7%	6,099	8,490	10.0%
Children	138,125,451	48.5%	51.5%	49,966	2,764	26.6%
Pregnant Women	36,079,605	47.9%	52.1%	6,122	5,893	7.0%
Family Care Adults	29,097,326	46.3%	53.7%	6,942	4,191	5.6%
Other <sup>3</sup>	11,365,176	44.7%	55.3%	3,676	3,092	2.2%
<b>Grand Total</b>	<b>\$ 518,868,086</b>	<b>48.8%</b>	<b>51.2%</b>	<b>77,207</b>	<b>\$ 6,720</b>	<b>100.0%</b>

<sup>1</sup>Recipients are presented as unduplicated counts for each program. A client may be in more than one program in a given year; therefore, the subtotals should not be added together by hand. They will not equal the Grand Total.

<sup>2</sup>The Aged, Blind, & Disabled total expenditures is the sum of the AB&D-SSI, AB&D-Institution, and AB&D HCBS lines.

<sup>3</sup>The Other Subtotal line is the sum of the Special Groups, AB&D-EID, Medicare Savings Programs, and Non Citizens groups.

<sup>4</sup>The Expenditures in this table will not match those in the Service Area tables, due to the fact that only Chart A Programs were used. The non-eligibility categories not represented here accounted for \$238,591 in SFY11.

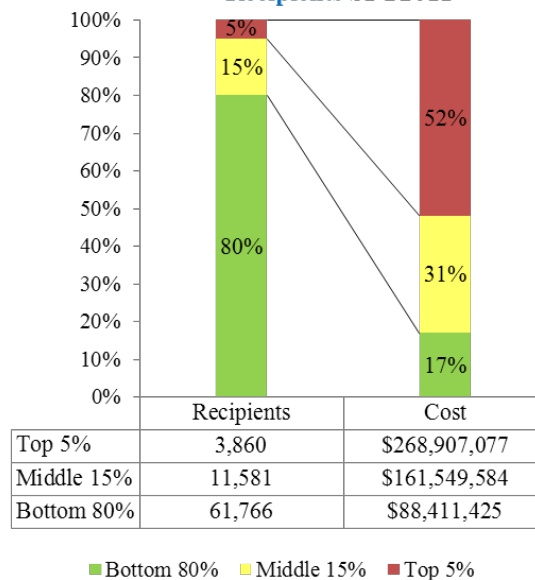
**TABLE 2: Medicaid Program Expenditures from SFY2008 - SFY2011**

<b>Medicaid Programs</b>	<b>SFY 2008 Total Cost</b>	<b>SFY 2011 Total Cost</b>	<b>% Change 2008 to 2011</b>
Aged, Blind, & Disabled <sup>2</sup>	\$ 273,275,975	\$ 304,200,528	11.3%
<i>AB&amp;D - SSI &amp; SSI Related</i>	39,972,290	51,778,699	29.5%
<i>AB&amp;D - Institution</i>	92,829,101	97,492,649	5.0%
<i>AB&amp;D - HCBS</i>	140,474,585	154,929,180	10.3%
Children	125,791,334	138,125,451	9.8%
Pregnant Women	31,734,766	36,079,605	13.7%
Family Care Adults	23,729,222	29,097,326	22.6%
Other <sup>3</sup>	6,922,610	11,365,176	64.2%
<b>Grand Total</b>	<b>\$ 461,453,908</b>	<b>\$ 518,868,086</b>	<b>12.4%</b>

<sup>2</sup>The AB&D Subtotal line is the sum of the AB&D-SSI, AB&D-Institution, and AB&D HCBS lines.

<sup>3</sup>The Other Subtotal line is the sum of the Special Groups, AB&D-EID, Medicare Savings Programs, and Non Citizens lines (available in the Appendix).

**Figure 11. Top 5% Analysis: Medicaid  
Recipients SFY2011**



**TABLE 7: Medicaid Service Areas and Expenditures SFY2008-SFY2011**

<u>Service Areas</u>	<u>SFY 2008 Expenditures</u>	<u>SFY 2011 Expenditures</u>	<u>% Change 2008-2011</u>
HCBS Waiver Services <sup>1</sup>	\$112,069,126	\$120,052,789	7.1%
<i>Adult DD Waiver</i>	80,211,858	81,368,423	1.4%
<i>Child DD Waiver</i>	12,879,475	14,131,328	9.7%
<i>LTC Waiver</i>	10,255,289	13,912,443	35.7%
<i>ABI Waiver</i>	5,891,037	6,964,560	18.2%
<i>ALF Waiver</i>	2,822,362	2,757,459	-2.3%
<i>Children's Mental Health Waiver</i>	9,104	918,577	9989.8%
Hospital	\$94,312,212	\$114,353,216	21.2%
<i>Inpatient Hospital</i>	73,959,742	84,557,214	14.3%
<i>Outpatient Hospital</i>	20,066,679	29,687,689	47.9%
Nursing Facilities	69,274,181	73,180,333	5.6%
Physician and Other Practitioners	58,099,555	65,165,045	12.2%
Prescription Drugs	34,904,721	40,864,150	17.1%
Behavioral Health	17,447,670	24,917,152	42.8%
PRTF	8,387,267	15,244,613	81.8%
Dental	10,806,128	13,616,583	26.0%
Other <sup>2</sup>	55,900,347	51,712,797	-8.1%
<b>Grand Total</b>	<b>\$461,201,208</b>	<b>\$519,106,677</b>	<b>11.2%</b>

<sup>1</sup>The Waiver Services category and sub-groups represent only Waiver costs. These do not include Medical costs incurred by recipients on a Waiver.

<sup>2</sup>The Other category represents 10% of overall expenditures in SFY2011. A detailed list of items included in the Other category can be found in the footnotes.



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# Mental Health and Substance Abuse

Wyoming  
Department of  
Health

## Program Description

The Mental Health and Substance Abuse Treatment and Intervention Program provides funding for and monitoring of community based agencies to provide therapeutic and counseling services, individual and community supports, and intervention activities that assist Wyoming residents in achieving recovery from mental illness and substance dependency. The program is authorized by W.S. § 9-2-102.

The WDH contracts with local providers for the provision of mental health and substance abuse treatment services. During SFY 2011, 23,349 persons were served; including 16,550 clients that received mental health treatment and 6,799 clients that received substance abuse services.

Outpatient services are provided in each county throughout Wyoming and specialized services such as residential treatment, group homes and crisis stabilization are provided on a regional basis.

## Standard Budget History

	2005-2006	2007-2008	2009-2010	2011-2012	2013-2014	10 yr. Growth
<b>General Fund</b>	\$ 46,634,359	\$ 51,127,404	\$ 107,052,235	\$ 108,396,317	\$113,949,375	144%
<b>Federal/Other</b>	23,660,096	48,977,016	28,727,634	25,109,740	26,758,151	13%
<b>Total</b>	\$ 70,294,455	\$100,104,420	\$ 135,779,869	\$ 133,506,057	\$140,707,526	100%
<b>WDH Positions</b>	16	24	25	24	24	50%

*All years in table above include substance abuse prevention activities for comparison purposes. Substance abuse prevention was later separated out into an independent unit and moved from the Behavioral Health Division to the Public Health Division.*

## What Drives Cost?

Legislative action and budget appropriations are the main source of cost growth.

## 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Mental Health & Substance Abuse	\$ 4,774,939	\$ 104,867,825	\$ 13,812,459

2014 Cuts: A total of \$4,774,939 would be reduced in FY 2014. This would reduce grants and payments for service by \$2,936,823. These reductions have begun to be implemented. The reductions will impact special programs, quality of life funds, e-therapy, evidence based practices and other programs. Ending or reducing contractual services such as the telepsychiatry contract, bringing certifications in-house, reducing WCIS, reducing training and temporary staffing, will reduce the budget further by \$1,753,766. An additional \$84,530 will be reduced from other operating costs.

## 20115-2016 General Fund Cuts Proposed (Continued)

- **Option #1- If the State Elects To Expand Coverage-** Reduce State General Funds for mental health services covered by private insurance due to mental health parity in the ACA. Further, if Wyoming opts into the Medicaid expansion for adults, establish behavioral health homes for Medicaid clients and further reduce General Fund mental health funding for services that would be covered by Medicaid.
- **Option #2- If the State Elects To Not Expand Coverage-** Reduce State General Funds for mental health services covered by private insurance due to mental health parity in the ACA, and if Wyoming opts-out of the Medicaid expansion for adults, reduce the following currently provided services or change the delivery system as follows:
  - Design a capitated funding system or a fee for service system.
  - Exclude state general funds for those above a certain income level and those with third party payer sources such as private insurance or Medicaid.
  - Fund only select populations, for example, only serious mental illness and children with serious emotional disturbance.
  - Fund by region, not by county.
  - Reduce the number of substance abuse treatment beds, or only pay for occupied beds.
  - Cap the residential treatment length of stay.
  - Only fund outpatient treatment providers that provide both substance abuse and mental health treatment services.
  - Eliminate funding directly to smaller community providers in low population counties, and require larger regional providers to serve smaller counties in that region.
  - Revise the sliding fee scale to require greater client contributions.

## Additional Information on Services

In SFY 2011, 21 substance abuse and 15 mental health providers provided outpatient mental health and substance abuse services.

Substance abuse and mental health residential services include treatment for men, women, and women with children, and adolescents. Residential services are available in each of the state's five regions. Substance abuse transitional and social detoxification services are also provided for adults. Mental health residential services include group homes, supported independence projects, supported apartments, crisis stabilization and residential treatment for persons with co-occurring mental health and substance abuse disorders. Quality of life funding is also provided for services and items outside of treatment that are deemed to be essential for recovery, e.g., medications, dental work, and respite care.

Some individuals receiving services also qualify for Medicaid reimbursement and providers bill Medicaid for mental health and substance abuse services. In FY 2011, Medicaid spent \$10 million on behavioral health services provided by community mental health and substance abuse providers. An additional \$16.5 million of Medicaid expenditures went to other non community mental health/substance abuse providers.



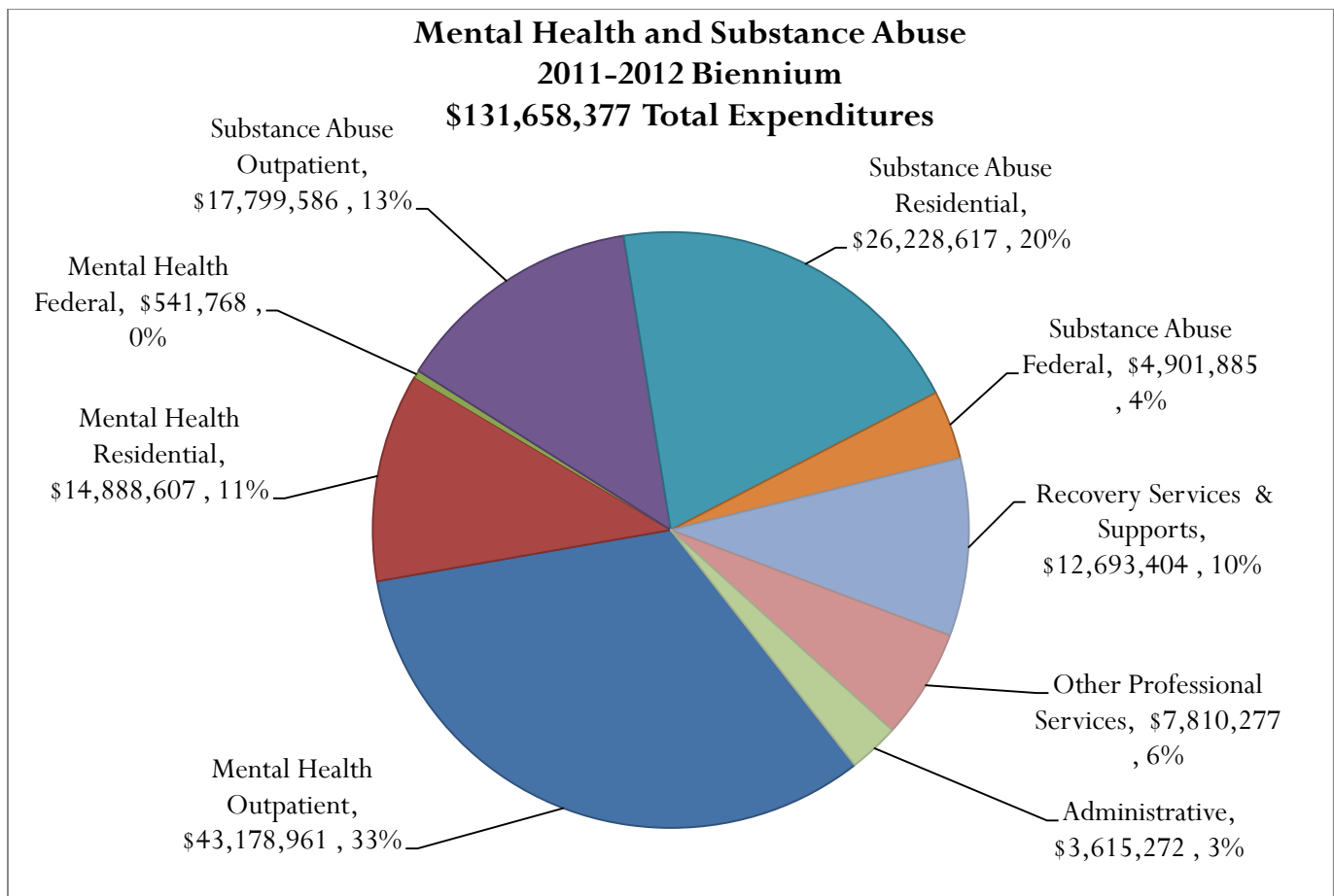
## Mental Health and Substance Abuse Unit Expenditures by Sub-Program/ Activity

Total Mental Health and Substance Abuse unit expenditures for the 2011-2012 biennium were \$131,658,377.

Mental health services included outpatient and residential services. Mental health services paid for with certain federal grants could not be separated by these categories and are shown separately below. Together, mental health services expenditures were \$58,609,336 or approximately 44% of expenditures in the 2011-2012 biennium.

Substance abuse services included outpatient and residential services. Substance abuse services paid for with certain federal grants could not be separated by these categories and are shown separately below. Together, substance abuse services expenditures were \$48,930,088 or approximately 37% of the 2011-2012 budget expenditures.

Consumer services and supports such as quality of life funding are also provided to support treatment that are essential for recovery, e.g., medications, dental work, and respite care, and support programs. These services represent approximately 10% of expenditures. Professional services are for programs, trainings, and other services to monitor and improve the quality of the mental health and substance abuse system. These expenditures represent approximately 6% of expenditures. Administration including staffing and other expenses represents 3% of total expenditures in the 2011-2012 biennium.



## Mental Health and Substance Abuse Unit Expenditures by Sub-Program/Activity

(Description of expenditures shown on pie chart on previous page, based on 2011-2012 biennium expenditures)

**Mental Health Outpatient (\$43,178,961):** The majority of these funds are used to purchase the following core treatment services from community mental health centers: clinical assessment; individual and family therapy; case management; emergency services; consultation; early intervention services; medication management; outreach; and rehabilitative services. Specialized services are purchased in a limited number of counties: jail diversion (Laramie County); jail-based treatment and re-entry (Sweetwater County); and specialized services for older adults (Park and Laramie Counties). Funding is also utilized to support peer specialists and Quality of Life supports.

**Mental Health Residential (\$14,888,607):** Mental health residential funding supports three crisis stabilization programs, one residential treatment program for persons with co-occurring mental illness and substance use disorders, eight group homes and 7 supervised living environments (usually apartment complexes). These services are provided on a regional basis, however not all services are provided within all regions.

**Mental Health Federal (\$541,768):** Funding is used to support consumer advocacy initiatives, a housing project (which has since been discontinued), costs of onsite peer reviews, expansion of the peer specialist program, training, and data entry for the consumer survey.

**Substance Abuse Outpatient (\$17,799,586):** Funds are contracted to substance abuse treatment agencies to provide the following core treatment services: clinical screening and assessment; individual, family, and group therapy; and intensive outpatient treatment. Funding can also be utilized to provide client engagement services, medication management, and outreach. Methamphetamine and Other Substances (formerly HB 308) funds are included in this category and are used to purchase additional intensive outpatient treatment services. Also included in this category is funding for two peer specialists, and Quality of Life supports.

**Substance Abuse Residential (\$26,228,616):** Substance abuse residential treatment services include social detoxification, medically-monitored detoxification, residential treatment, specialized residential treatment for women and women with children, specialized residential treatment for adolescents, and transitional housing services. These services are provided on a regional basis, however not all services are provided within all regions.

**Substance Abuse Federal (\$4,901,885):** The majority of these funds are used to augment State General Funds to purchase substance abuse outpatient and residential treatment. A small portion of funding is used for a housing initiative (which has been discontinued), and costs associated with onsite peer reviews.

**Recovery Services & Supports (\$12,693,404):** Recovery services and supports include an array of initiatives to improve treatment outcomes and enhance the recovery of persons with mental illness and/or substance use disorders. Initiatives include Veterans' Outreach and Advocacy, Ombudsman and Guardianship services, SSI/SSDI Outreach, Access and Recovery (SOAR), consumer-run advocacy programs, Projects for Assistance in Transition from Homelessness (PATH), and Quality of Life expansion (for persons who are not clients of the public mental health and substance abuse service system).

**Other Professional Services (\$7,810,277):** These funds were used to purchase specific products and/or non-treatment services from individuals and organizations. Several initiatives funded under this category have been discontinued including the telepsychiatry project, a rate study, an innovative programming demonstration, and the development of a planning document. Other expenditures are ongoing: training, Wyoming Client Information System (WCIS) maintenance, substance abuse program certification, the Division's psychiatric consultant and the SOAR coordinator.

**Administrative (\$3,615,272):** Funds support the staffing and operation of the Behavioral Health Division, Mental Health and Substance Abuse Services Unit including salaries, benefits, travel costs, equipment purchases and rental, maintenance contracts, rental costs for offices, printing, telephone, utilities and office supplies.

# Mental Health and Substance Abuse

Wyoming  
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Most of the expenditures in the Mental Health and Substance Abuse unit went to the 21 Community Mental Health & Substance Abuse Centers. Other expenditures were used for direct services to other providers, substance abuse and suicide prevention, administration, and other program support. Approximately \$4.3 million that were part of this unit in the 2011-2012 biennium have been transferred out in 2013-2014 to create the Substance Abuse prevention unit in the Public Health Division, and these expenditures were primarily in the "All other providers" group shown below.

## Community Mental Health and Substance Abuse Centers, as a Portion of Total Expenditures on Mental Health and Substance Abuse, 2011-2012 Biennium Actual Expenditures

Service/Program	Community MH/SA Center* Providers	All Other Providers**	2011-2012 Total Expenditures ***	% Expended to Community MH/SA Centers
Mental Health Outpatient	\$ 43,178,961	\$ -	\$ 43,178,961	100%
Mental Health Residential	\$ 13,185,039	\$ 1,703,567	\$ 14,888,607	89%
Substance Abuse Outpatient	\$ 16,847,299	\$ 952,287	\$ 17,799,586	95%
Substance Abuse Residential	\$ 25,494,777	\$ 733,840	\$ 26,228,617	97%
Community Services and Supports	\$ 5,401,056	\$ 7,292,347	\$ 12,693,404	43%
Mental Health -Federal	\$ 89,000	\$ 452,768	\$ 541,768	16%
Substance Abuse-Federal	\$ 4,493,608	\$ 408,277	\$ 4,901,885	92%
<b>TOTAL- Direct Services and Grants</b>	<b>\$ 108,689,741</b>	<b>\$ 11,543,086</b>	<b>\$ 120,232,827</b>	<b>90%</b>

Professional Services-900 series	\$ 928	\$ 7,809,349	\$ 7,810,277	0%
Administration	\$ -	\$ 3,615,272	\$ 3,615,272	0%

<b>Total- All Expenditures</b>	<b>\$ 108,690,669</b>	<b>\$ 22,967,708</b>	<b>\$ 131,658,377</b>	<b>83%</b>
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\* This list includes the 21 Community Mental Health and Substance Abuse Centers, including centers that only focus on Mental Health and those that only focus on Substance Abuse. These 21 centers are listed on the next page.

\*\*All other providers includes all providers and services not provided by the 21 Community Mental Health and Substance Abuse Centers. This includes other direct service providers, consumer services and supports given directly to clients, professional services such as certifications, grant management, program evaluation and other support activities . This category also includes expenses used for the administration of the program.

\*\*\*Total expenditures includes State, Federal, and other funds.

# Mental Health and Substance Abuse

Wyoming  
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The Community Mental Health and Substance Abuse Center list is composed of the following organizations:

	Organization Name	Community MH/SA Center - Mental Health, Substance Abuse, Both	County (ies)	2011-2012 Total Expenditures (All Sources)	% of Total for Comm. Centers
1	Peak Wellness Center	Both	Albany, Platte, Goshen, Laramie	\$23,423,377	21.6%
2	Central Wyoming Counseling Center	Both	Natrona	\$16,069,500	14.8%
3	Southwest Counseling Service	Both	Sweetwater	\$13,867,567	12.8%
4	Volunteers of America Northern Rockies	Substance Abuse	Sheridan	\$ 7,730,924	7.1%
5	Northern Wyoming Mental Health Center	Both	Sheridan, Johnson, Crook, Weston	\$ 7,196,081	6.6%
6	High Country Behavioral Health	Both	Sublette, Lincoln, Uinta	\$ 6,445,497	5.9%
7	Behavioral Health Services at Campbell County Memorial Hospital	Both	Campbell	\$ 4,730,251	4.4%
8	Fremont Counseling Service	Both	Fremont	\$ 4,459,077	4.1%
9	Yellowstone Behavioral Health Center	Mental Health	Park	\$ 3,879,474	3.6%
10	Solutions for Life	Both	Converse, Niobrara	\$ 3,045,421	2.8%
11	Carbon County Counseling Center	Both	Carbon	\$ 2,893,512	2.7%
12	Cloud Peak Counseling Center	Both	Washakie	\$ 2,776,409	2.6%
13	West Park Hospital District - Cedar Mountain Center	Substance Abuse	Park	\$ 2,414,693	2.2%
14	Jackson Hole Community Counseling Center	Mental Health	Teton	\$ 1,814,623	1.7%
15	Big Horn Basin Counseling Services	Both	Big Horn	\$1,763,742	1.6%
16	Abate Substance Abuse Project DBA Fremont County Alcohol Crisis Center/Mountain View Transitions	Substance Abuse	Fremont	\$ 1,498,850	1.4%
17	Pioneer Counseling Services	Mental Health	Uinta	\$ 1,102,096	1.0%
18	Curran-Seeley Foundation	Substance Abuse	Teton	\$ 1,101,946	1.0%
19	Hot Springs County Counseling Services	Both	Hot Springs	\$ 1,056,621	1.0%
20	Cheyenne Community Drug Abuse Treatment Council, Inc. DBA Pathfinder	Substance Abuse	Laramie	\$ 958,083	0.9%
21	Mountain Regional Services, Inc. DBA Cornerstone Behavioral Health	Substance Abuse	Uinta	\$ 462,924	0.4%
	Total Expenditures community mental health/substance abuse centers (State, Federal, Other)			\$108,690,669	100%

# Mental Health and Substance Abuse

Wyoming  
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The other large providers with expenditures above \$500,000 per biennium in 2011-2012 are shown below. Some of these expenditures have been reduced in the 2013-2014 biennium and others are related to Title 25, which has been consolidated in the State Hospital budget, and Substance Abuse & Suicide Prevention, which is now a separate unit in the Public Health Division. Where applicable, these distinctions are noted.

<b>Other Large Providers/Contractors (Above \$500,000 per biennium)</b>	<b>Type of Provider</b>	<b>Purpose</b>	<b>2011-2012 Expenditure Amount</b>
Uplift*	Children's Mental Health Org.	Advance High Fidelity Wrap Around services and development of Family Care Managers.*	\$ 2,562,807
University of Wyoming**	Education Institution	Needs Assessments, Training, Assessment, Program Evaluation, Surveys, Prevention**	\$ 1,398,621
Board of Regents - Nevada System of Higher Education*	Education Institution	Certification review, rules revision, onsite program review, and technical assistance*	\$ 1,359,338
Wyoming Client Information System (WCIS)	Information Technology	Data collection and reporting	\$ 1,117,524
Wyoming Behavioral Institute, ***	Psychiatric Hospital	Treatment***	\$ 859,767
Policy Solutions Limited**	Consultant, management of the EUDL grant	Prevention**	\$ 825,266
Wyoming Association Of Sheriffs & Chiefs of Police**	Law Enforcement,	Alcohol and tobacco compliance checks (i.e. Synar) related to Prevention**	\$ 803,080
Youth Emergency Services Inc.*	Non-CMHC/SAC Provider	Treatment*	\$ 583,816
Sho Rap Alcohol Rehabilitation	Native American Substance Abuse Program	Treatment	\$ 536,246
TOTAL IN 2011-2012			\$ 10,046,465
TOTAL SUBSTANCE ABUSE AND SUICIDE PREVENTION RELATED			-\$3,026,967
TOTAL TITLE 25 RELATED			-\$859,767
REMAINING IN 2013-2014 BUDGET (RELATED TO MENTAL HEALTH AND SUBSTANCE ABUSE)			\$6,159,731

\*Substantially reduced in 2013-2014.\*\* Related to Substance Abuse Prevention activities. Transferred to new unit in 2013-2014. \*\*\*Related to Title 25 for minors. Transferred to State Hospital in 2013-2014.

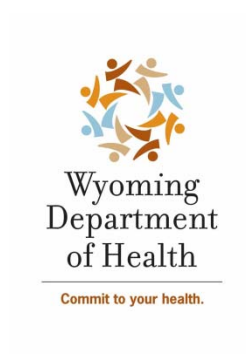
## Relationship between Medicaid and Mental Health and Substance Abuse Services

Medicaid pays for mental health and substance abuse expenditures in addition to the expenditures shown in the Mental Health and Substance Abuse Unit. These Medicaid payments go to a number of different providers but the largest provider type is “Mental Health including Community Mental Health”. Overall, Medicaid expenditures on mental health and substance abuse are estimated to be approximately \$53 million per biennium and these expenditures are eligible for a 50% federal match.

### Medicaid Expenditures on Mental Health and Substance Abuse

Provider Description	SFY 2011 Medicaid Expenditures
Mental Health including Community Mental Health	\$ 9,911,967
Clinical Psychologist	\$ 7,780,854
Psychiatry and Neurology, Psychiatry	\$ 4,818,845
Rehabilitation, Substance Abuse Disorder	\$ 2,172,581
Advance Practice Nurse	\$ 203,063
Professional Counselor	\$ 40,194
Non-Behavioral Health Providers providing Behavioral Health	\$ 1,551,177
<b>TOTAL</b>	<b>\$ 26,478,681</b>

Source: Wyoming Medicaid- SFY 2011 Annual Report, pg. 41, 42



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# Early Intervention & Education- “Preschool”

Wyoming  
Department of  
Health

## Program Description

The Early Intervention & Education Program (often referred to as the “preschool program”) provides early intervention, special education, and related services to children birth through five years with developmental delays and/or disabilities. 14 regional developmental preschool programs provide services in all communities throughout Wyoming.

It is a mandated state program according to W.S. § 21-2-701 to 21-2-706. The program follows the Individuals with Disabilities Education Improvement Act of 2004 (IDEA), which is a non-mandatory federal program. Direct services in the early intervention program are provided through two service delivery models. Part B provides school based services for children three years of age to six years of age. Part C services are provided to families in their homes or natural environments for children from birth to three years of age. There were 1,188 children enrolled for Part C services in FY 2011. There were 2,804 children enrolled for Part B services in FY 2011.

## Standard Budget History

	2005-2006	2007-2008	2009-2010	2011-2012	2013-2014	10 yr. Growth
<b>General Fund</b>	\$24,077,190	\$ 28,843,149	\$ 52,079,734	\$ 59,193,265	\$ 70,246,238	192%
<b>Federal/Other</b>	\$ 7,595,659	\$ 7,503,510	\$ 8,224,509	\$ 9,356,221	\$ 9,361,260	23%
<b>Total</b>	\$31,672,849	\$ 36,346,659	\$ 60,304,243	\$ 68,549,486	\$ 79,607,498	151%
<b>WDH Positions</b>	7	4	4	4	4	-43%

## What Drives Cost?

Costs in this program are related to the statutory amount paid per child and the number of children identified as qualifying for the program.

	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	% Growth
Amount Per Child (GF)	\$4,883	\$5,194	\$7,206	\$8,866	\$9,203	\$8,639	\$8,743	79%
# of Children (Part B & C)	2,697	2,897	3,114	3,379	3,729	3,813	3,992	48%

## 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Preschool Services	\$1,415,512	\$69,360,070	\$5,700,000

## 2014 General Fund Cuts Proposed (Continued)

This reduction would reduce the per child amount of \$8,743 by \$350 (4%) to \$8,393.

## 2015-2016 General Fund Cuts Proposed

Three major options for cuts in the Preschool Program are:

- Reduce the per child payment amount by 4%, reducing the amount from \$8,393 (if FY 2014 reductions are implemented) to \$8,057. A \$336 per child reduction multiplied by 4,000 children equals a \$2,688,000 reduction per biennium.  
OR
- Tighten the eligibility for Part C services by excluding children who have minor speech or language deficits from the Part C Program, which is an optional program. A projected 20-30% of children in the Part C program are served due to minor speech or language defects, which would be equivalent to 240 to 360 children served in the Part C program. This equals a range between \$4,030,000 to \$6,042,960 in savings per biennium.  
OR
- Eliminate the entire optional Part C Program, which would result in a biennial savings of \$20,143,200. A projected 1,200 children in Part C program times \$8,393 per year equals \$20,143,200 per biennium in savings.

## Program Cost Notes

In addition to the state funding per child, preschool programs receive an additional per child amount in federal funds. In FY 2012, the Part C federal per child amount paid to regions was \$1,499.00, and the Part B federal per child amount paid to regions was \$629.48.

Payment to the preschools is based on the number of children identified as eligible (enrolled) for the programs, based on a yearly count that is conducted in November each year. The developmental preschool receives the full funding for the entire year for every eligible child identified/enrolled, regardless of the needs of the child, the services the child actually receives, or the length of time the child is served.

Some developmental preschools also bill Medicaid for additional services provided. In SFY 2011, these payments represented approximately \$1,500,000 per year or \$3,000,000 per biennium.

## Other Services

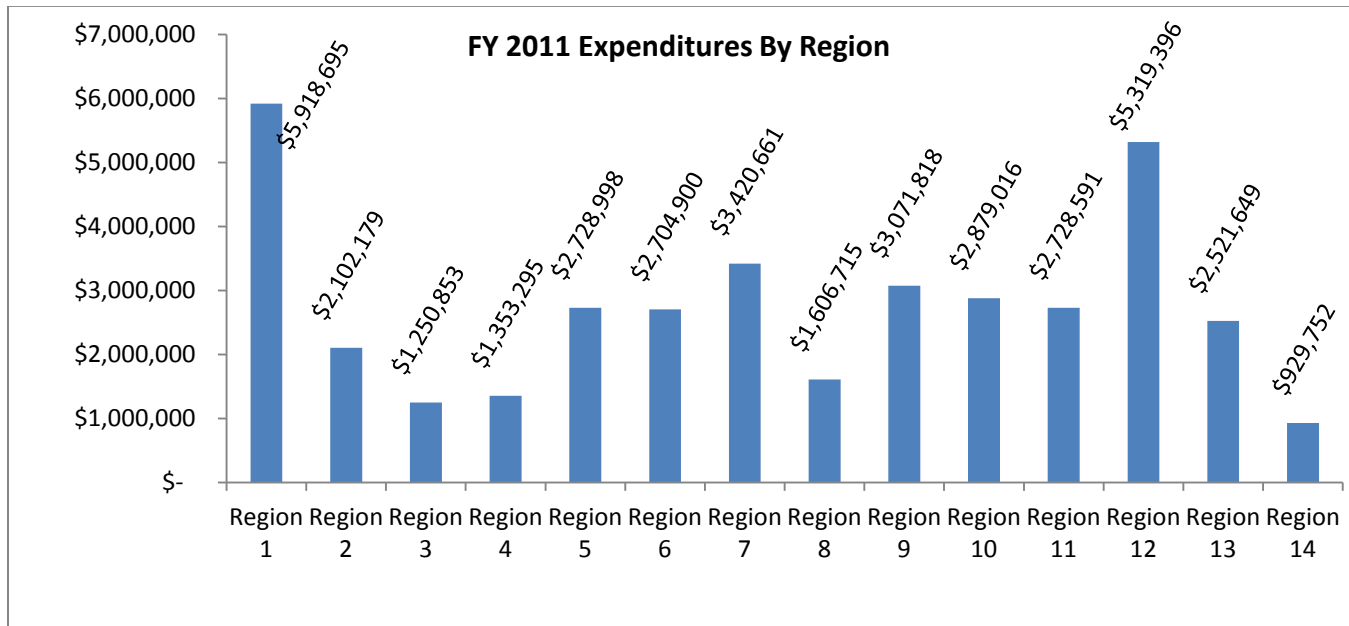
In addition to the children receiving direct early intervention and special education services, in FY 2011 there were 9,642 children birth through five years that received developmental screenings. 6,578 or 98% of newborns had their hearing screened, and 256 received follow-up services.

# Early Intervention & Education- “Preschool”

Wyoming  
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## Cost Variation Across State

Expenditures for the program vary greatly by region due to differences in the number of children enrolled.

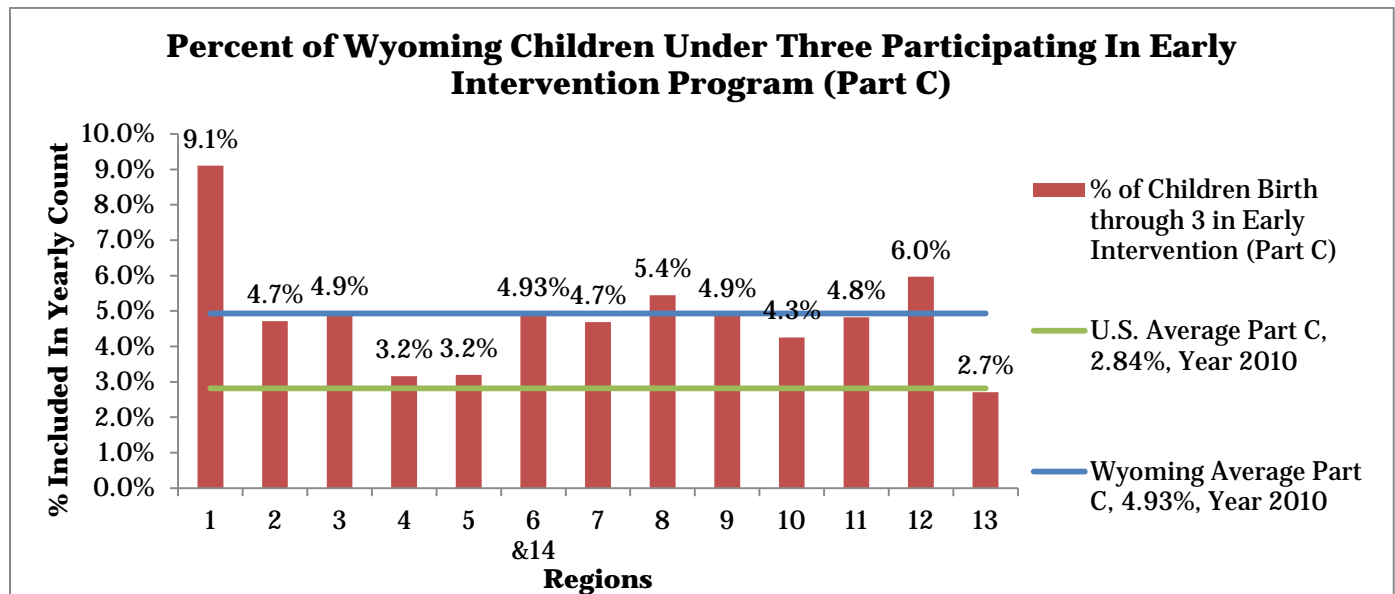


## Regional Child Development Centers

1	<b>Children's Resource Center</b> , Park, Big Horn, Washakie, & Hot Springs Counties, Cody, Lovell, Powell, Basin, Thermopolis, & Worland
2	<b>Child Development Center</b> , Sheridan & Johnson Counties. Sheridan & Buffalo
3	<b>Weston County Children's Center</b> , Crook & Weston Counties Newcastle, Upton, Sundance, Moorcroft, & Hulett
4	<b>Children's Learning Center</b> , Teton & Sublette Counties/ Jackson, Pinedale, & Big Piney
5	<b>Lincoln-Uinta Child Development Center</b> , Lincoln & Uinta Counties Afton, Bridger Valley, Evanston, Kemmerer, Thayne, & Alpine
6	<b>Child Development Services of Fremont County</b> , Fremont County (except Wind River Reservation) Riverton, Lander, & Dubois
7	<b>Sweetwater County Child Development Center</b> , Sweetwater County, Rock Springs & Green River
8	<b>Developmental Preschool and Day Care Center</b> , Carbon County, Rawlins, Saratoga & Hanna
9	<b>Child Development Center of Natrona County</b> , Natrona County, Casper
10	<b>Wyoming Child &amp; Family Dev.</b> , Converse, Niobrara, Platte, & Goshen Counties, Douglas, Glenrock, Lusk, Guernsey, Torrington, & Wheatland
11	<b>Developmental Preschool and Day Care Center</b> , Albany County, Laramie
12	<b>Stride Learning Center</b> , Laramie County, Cheyenne & Pine Bluffs
13	<b>Children's Development Services of Campbell County</b> , Campbell County, Gillette & Wright
14	<b>Shoshone &amp; Arapahoe Early Intervention Program</b> , Wind River Reservation, Ft. Washakie, Arapahoe

## Enrollment Variations Across State- Part C

In 2010, Wyoming had 4.93% of children under age three enrolled in Part C (birth through age 2, i.e. under 3 services). The Individuals with Disabilities Education Improvement Act of 2004 (IDEA) program collects national data on the IDEA program. The national average for the IDEA Part C program in 2010 was 2.84%. Eligibility for Part C services is from birth through age two, or stated differently for children under three years of age. This information was compiled at [www.ideadata.org](http://www.ideadata.org) in Fall 2010. Wyoming data was compiled using 2010 U.S. Census data for each county/region, as well as 2010 enrollee/eligible data for the Early Intervention and Education program.

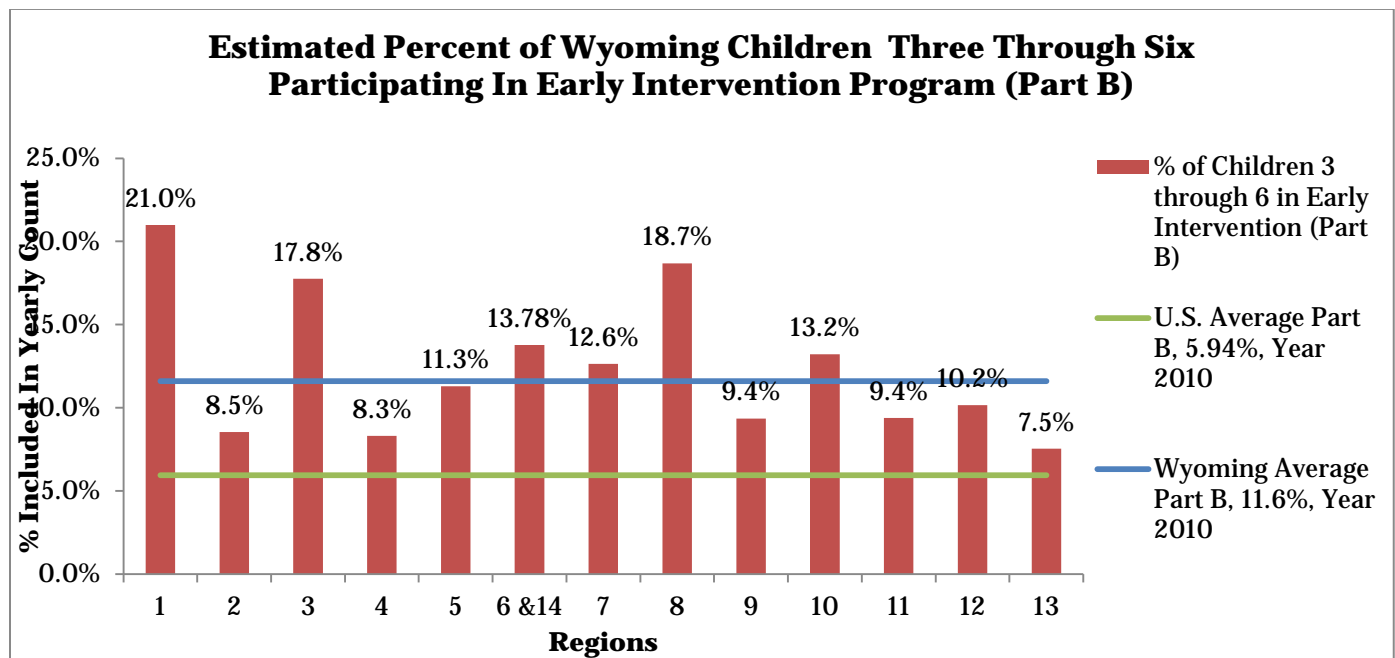


## Regional Child Development Centers

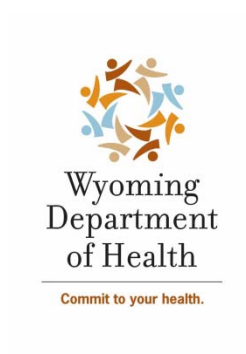
1	Children's Resource Center, Park, Big Horn, Washakie, & Hot Springs Counties
2	Child Development Center, Sheridan & Johnson Counties. Sheridan & Buffalo
3	Weston County Children's Center, Crook & Weston Counties
4	Children's Learning Center, Teton & Sublette Counties/ Jackson, Pinedale, & Big Piney
5	Lincoln-Uinta Child Development Center, Lincoln & Uinta Counties
6	Child Development Services of Fremont County, Fremont County (except Wind River
7	Sweetwater County Child Development Center, Sweetwater County, Rock Springs & Green River
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10	Wyoming Child & Family Dev., Converse, Niobrara, Platte, & Goshen Counties
11	Developmental Preschool and Day Care Center, Albany County, Laramie
12	Stride Learning Center, Laramie County, Cheyenne & Pine Bluffs
13	Children's Development Services of Campbell County, Campbell County, Gillette & Wright
14	Shoshone & Arapahoe Early Intervention Program, Wind River Reservation

## Enrollment Variations Across State – Part B

In 2010, Wyoming had an average of 11.6% of children age three through five enrolled in Part B (ages 3 through 5) services. The national average for the IDEA Part B program was 5.94% in 2010. Eligibility for Part B services is from age three through age five, or stated differently for children under six years of age.



1	Children's Resource Center, Park, Big Horn, Washakie, & Hot Springs Counties
2	Child Development Center, Sheridan & Johnson Counties. Sheridan & Buffalo
3	Weston County Children's Center, Crook & Weston Counties
4	Children's Learning Center, Teton & Sublette Counties/ Jackson, Pinedale, & Big Piney
5	Lincoln-Uinta Child Development Center, Lincoln & Uinta Counties
6	Child Development Services of Fremont County, Fremont County (except Wind River
7	Sweetwater County Child Development Center, Sweetwater County, Rock Springs & Green River
8	Developmental Preschool and Day Care Center, Carbon County, Rawlins, Saratoga & Hanna
9	Child Development Center of Natrona County, Natrona County, Casper
10	Wyoming Child & Family Dev., Converse, Niobrara, Platte, & Goshen Counties
11	Developmental Preschool and Day Care Center, Albany County, Laramie
12	Stride Learning Center, Laramie County, Cheyenne & Pine Bluffs
13	Children's Development Services of Campbell County, Campbell County, Gillette & Wright
14	Shoshone & Arapahoe Early Intervention Program, Wind River Reservation



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## Facility Description

The Wyoming State Hospital is a psychiatric hospital, which provides treatment, rehabilitation and recovery services for persons with mental health and substance abuse needs. The State Hospital is licensed for 183 beds, but its current capacity is 100 due to building and staffing limitations. The average census for the hospital in June 2012 was 78. The facility is located in Evanston, Wyoming. It is the only state-operated psychiatric hospital in Wyoming. The Wyoming State Hospital offers several treatment program services, including Adult Psychiatric Services (which includes Medical Geriatric Psychiatric Services) and Criminal Justice Treatment Services.

For biennium 13-14, 94.5% of funding for the Wyoming State Hospital is budgeted to come from state general funds. Personnel costs represents about 80% of budgeted expenditures for the facility.

## Standard Budget History

	2005-2006*	2007-2008	2009-2010	2011-2012	2013-2014	10 yr. Growth
<b>General Fund</b>	\$43,941,628	\$53,363,869	\$61,971,278	\$61,162,633	\$65,181,944	48%
<b>Federal/Other</b>	674,251*	2,896,125*	2,950,566	2,698,242	2,698,242	300%*
<b>Total</b>	\$44,615,879	\$56,259,994	\$64,921,844	\$63,860,875	\$67,880,186	52%
<b>WDH Positions</b>	422	423	427	426	408	-3%

\*\$674,251 in federal funds for 2005-2006 were funds budgeted in the Standard Budget but not actually received. A similar federal fund budgeting issue also occurred in 2007-2008. In addition, a special revenue appropriation of \$3,000,000 was made during the budget process of 2005-2006 from self-generated revenue that was not part of the standard budget in that biennium. For the sake of consistency throughout this document, the standard budget is used without adjustments rather than mixing standard, adopted, and revised budgets.

## What Drives Cost?

The competition for qualified medical staff and the age and size of facilities help drive costs. Other factors that influence cost include the average length of stay and the bed turnover rate. Title 25 involuntary detention costs at qualified hospitals are paid for out of the Wyoming State Hospital budget and have been a major source of concern as these costs have been approximately \$5 million a year in recent years. An additional cost driver is high-need patients that require higher-staffing ratios, especially those who are dually diagnosed with mental health issues and are developmentally disabled.

## 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
State Hospital	\$ 1,292,423	\$ 68,628,653	\$ 6,461,545

2014 Cuts: This reduction will be accomplished by eliminating eighteen vacant positions and reducing overtime. The State Hospital will also eliminate two leased vehicles and reduce lab and pharmacy costs. An additional \$200,000 will come from reducing outside contractual services such as Locum Tenens, Agency RNs, and outside medical provider costs by restructuring operations to provide these services in-house.

## **2015-2016 General Fund Cuts Proposed (continued)**

2015-2016 Cuts: The Wyoming State Hospital (WSH) continues to evaluate hospital operations and staffing patterns, and has implemented or is in the process of implementing the following initiatives:

1. All open positions are being thoroughly reviewed for necessity to be filled with a focus on reducing ancillary and support staff positions (security, maintenance and management positions) to meet any potential budget reductions. Positions that are not considered essential are either being “held” or refocused to meet another need at the facility.
2. Purchases are restricted to what is absolutely necessary to provide high quality, safe, efficient and effective patient care.
3. Contracts are reviewed to ensure necessity and it is anticipated that the facility will significantly decrease its reliance on agency nurses and locum tenens contracts.
4. Implementation of a utilization review process for Title 25.
5. Improving internal admission and discharge processes so people are admitted to the WSH when needed and are transitioned back to community services when stabilized. This should result in reduced Title 25 costs and lengths of stay.
6. Review of process and determining factors regarding medical needs of patients.

It is anticipated that these initiatives will achieve the required reduction for the 15/16 biennium with minimal impact on patient care, when combined with savings from the 2014 cuts occurring for two years (biennium versus one year). The hospital has already identified and implemented staffing changes that are resulting in increased efficiencies, including placing existing security staff on units so they can assist in 15 minute checks, etc., and holding positions that are non-essential when they are vacated.

In addition, management at the Wyoming State Hospital is seeking additional revenue available based on clients served that qualify for Medicaid and Medicare. These funding sources may be used to pay for medical care and other services for individuals that qualify for these programs.



## Additional Information About Facility

### Adult Psychiatric Services

The Adult Psychiatric Services (APS) provides comprehensive acute and intermediate care services for those persons requiring psychiatric intervention as defined by being a danger to self or others, or being unable to care for self due to mental illness. Multi-disciplinary assessment and individualized treatment planning occurs for each patient. Stabilization, learning how to manage one's illness, and maintenance thereafter, is accomplished through medications, therapies, and reintroduction to the community.

The Medical Geriatric Psychiatric Services (MGP) strives to provide excellent psychiatric and physical care. It is intended that patients be physically and psychiatrically safe, receiving assistance wherever needed to have the best possible quality of life every day. The MGP promotes the gaining of skills and resources necessary to live successfully, satisfied and as independently as possible.

### Criminal Justice Treatment Services

The Criminal Justice Service (CJS) serves the courts in Wyoming by performing inpatient and outpatient forensic evaluations. CJS also provides a full range of assessment and treatment services to defendants in restoration to competency, to civilly committed patients who have active charges/legal obligations, and to persons adjudicated "Not Guilty by Reason of Mental Illness."

### Ability To Charge Medicaid, Medicare or Private Insurance For Services

For biennium 13-14, 94.5% of funding for the Wyoming State Hospital is budgeted to come from state general funds.

For biennium 13-14, the other 5.5% comes from earned revenue/special revenue and from the Permanent Land Income Fund.

Medicaid currently pays for healthcare services provided at the Wyoming State Hospital to Medicaid adults age 65 and older. This equals approximately \$225,000 per biennium.

### Age and Size of Facilities

On the campus of the Wyoming State Hospital, there are approximately 26 buildings, encompassing over 450,000 sq. ft, that are maintained for patient care, administrative services and support services (grounds, maintenance, etc). Including the new Adult Acute Care Facility, the average age of the buildings maintained by the staff is over sixty years old. With the age of these buildings, the infrastructure (heating, plumbing, electrical, etc.) as well as the physical structure of these buildings require constant upkeep and maintenance to continue to meet Life Safety Code (LSC) compliance and hospital licensing standards. The current budget for general maintenance of the State Hospital equates to \$1.06 per sq. ft.

Given the number of buildings and overall square footage, the Wyoming State Hospital spends approximately a million dollars a year on utilities (\$1,916,817 budgeted for FY13-14 biennium). This equates to \$2.13 per square foot of space per year. Reducing the number of buildings, the square footage, and the grounds to be maintained represent a significant opportunity for savings, as well as avoiding major needed capital expenses on these facilities.

## **Staffing and RN Vacancies**

The Wyoming State Hospital has 406 budgeted staff. The Wyoming State Hospital has vacancies in Registered Nurses and has been forced to use contractual nurses for coverage. There are currently 19 vacancies (as of 6/20/2012) at the State Hospital, primarily among direct care medical and psychiatric staff, which represent approximately half of all Wyoming Department of Health job openings/announcements. Due to its proximity to Utah (Park City-1 hr, Salt Lake City-85 miles) there is competition from these locales for skilled medical staffing.

The unemployment rate in Uinta County was 5.5% in April 2012. As a percentage of the jobs in Uinta County, the Wyoming State Hospital represents approximately 4% of total employment based on positions, and total employment of 10,059 in Uinta County in April 2012.

## **Title 25 and Costs at Other Facilities**

Psychiatric costs at other institutions for Title 25 (involuntary detention) are paid from the Wyoming State Hospital's budget, and currently represent an underfunded mandate for this facility.

The costs associated with the emergency detention process, involuntary hospitalization, continue to rise. Costs for emergency detentions/involuntary hospitalizations in FY 07-08 were \$8,149,120; in FY 09-10 costs were \$7,399,006; and in FY 11 these costs were \$5,230,541. A portion of these costs are associated with a continued emergency detention, where the patient never comes to the State Hospital, but is treated and released while still in the continued 10 day emergency detention phase. Many of these emergency detentions are not reported to the State Hospital as they occur and can only reviewed by State Hospital staff after a bill is received for the services. There is no utilization review for these services to determine if the services meet level of care standards.

These costs should be included when evaluating the total costs of the Title 25 process in Wyoming and excluded when evaluating the efficiency of the facility relative to other facilities.

Acute psychiatric units at local hospitals and inpatient psychiatric care at the Wyoming Behavioral Institute are used for short-term stabilization, and when space is not available at the State Hospital. A concerted effort is underway to improve the Title 25 process and reduce costs by freeing up acute stabilization beds at the state hospital. It is anticipated this will reduce emergency detention costs and allow more clients to be served at the Wyoming State Hospital with shorter waits.

## Facility Description

The Wyoming Life Resource Center (WLRC) is an Intermediate Care Facility for the Intellectually Disabled (ICF-ID) certified facility with an acquired brain injury (ABI) unit, located in Lander, Wyoming.

For biennium 2013-2014, Wyoming Life Resource Center is funded 30% directly from state general funds and 64% from Medicaid funds combined (federal and state). The state pays half of the Medicaid funds that the WLRC receives for clients served, which raises the percentage of costs paid by state general funds to approximately 62%. The facility has budgeted staffing of 433 positions and personnel costs representing 88% of budgeted expenditures for the facility.

The client population on April 30, 2012 was 93 including twelve individuals being served in the acquired brain injury unit and two individuals in the medical center unit. Based on this resident level, the budget cost per person is \$318,271 based on the revised 2013-2014 budget.

## Standard Budget History

	2005-2006	2007-2008	2009-2010	2011-2012	2013-2014	10 yr. Growth
<b>General Fund*</b>	\$42,397,817	\$48,912,504	\$57,490,929	\$56,480,698	\$61,214,351	44%
<b>Federal/Other</b>	-	-	270,000	593,000	588,000	-
<b>Total</b>	\$42,397,817	\$48,912,504	\$57,760,929	\$57,073,698	\$61,802,351	46%
<b>WDH Positions</b>	469	454	455	445	436	-7%

\* Approximately \$21 million of the annual operating costs of the Life Resource Center is reimbursed by Medicaid, of which 50% is State General Funds.

## What Drives Cost?

The age, size, design, and staffing of this facility drive cost increases. The Canyons program for the developmentally disabled qualifies for partial Medicaid reimbursement. The Visions Acquired Brain Injury (ABI) clients and Horizons Healthcare clinic clients are not reimbursed by Medicaid, and are paid entirely out of state general funds. Non-residential programs, such as outpatient therapies, therapeutic riding, and aquatic therapy, do not have funding sources outside General Fund dollars.

## 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Life Resource Center	\$ 1,399,852	\$ 59,198,512	\$ 5,500,000

## 2014, 2015-2016 General Fund Cuts Proposed (continued)

2014 Cuts: Eliminate vacant positions, reclassify five positions, reduce 1 on 1 staffing, reduce overtime, and eliminate vacant AWEC positions. Additional cuts include reducing operating expenses, outside services, and professional fees.

2015-2016 Cuts: Below are proposed reductions that will provide the required reductions, plus additional savings.

- Reduce vacant staffing.
- Reduce staffing ratios.
- Close unnecessary buildings.
- Seek Medicaid funding for ABI and Horizons Healthcare clients.
- Reduce staffing for non-residential programs.
- Develop alternate approaches to current programs.
  - Develop a dual diagnosis program for people with developmental disabilities and mental illness as a safety net for community providers and families by working collaboratively with the WSH for the WLRC to become a “step down” program.
  - Redesign Horizons Health Services program.
  - Evaluate off-campus services.
  - Redesign campus food service system to eliminate free staff meals by closing the service cafeteria or kitchen entirely.
  - Review all leased vehicles when they are due for replacement and eliminate any that cannot be used to transport clients.

Cost savings from eliminating positions is estimated based on salaries and benefits. The WDH is working to identify operational efficiencies that would result in savings without negatively impacting clients. It is believed that efficiency improvements are possible, based on national data that shows the WLRC’s costs and level of staffing are significantly higher than states in our regional and significantly higher than the national average.

## Other Options Not Proposed At This Time

Two additional options are possible, but would require comprehensive planning and support from the legislature:

- 1) Significantly downsizing the facility, in conjunction with refocusing the facility to serve as a safety net and to provide outreach to the community system.
- 2) Develop a plan to close the facility and move some of the funding to support community services.

## **Additional Information About Facility**

### **Facility Services**

The Life Resource Center provides 24 hour care, 365 days a year for the individuals who live on the campus. There are 19 life-safety code living units on campus. Most of the units house six to eight individuals.

Day programming provides training opportunities out of the home to teach necessary skills for individuals to become more independent and to live and work in the least restrictive environment possible. The programming centers on the individual's needs and include: job exploration, paid work, social and communication skills, behavioral management, and task completion.

Health services offered include: inpatient and outpatient care, physician, nursing, respiratory therapy, laboratory, pharmacy, dental, and x-ray services. Therapies provided include physical, occupational, speech, aquatic, and horse therapy. The therapeutic equipment shop on campus customizes wheel chairs and adaptive equipment for individuals on campus and for individuals residing in the community.

The residential acquired brain injury program specifically designed for individuals with challenging medical, physical, or behavioral problems. The team provides an active and functionally oriented program offering both transitional and long-term care.

### **Programs**

The Wyoming Life Resource Center has three residential programs and a number of non-residential programs.

The Wyoming Life Resource Center also offers a number of programs for non-residents, such as the therapies and equipment program, aquatic therapy, and therapeutic riding.

### **Total Staffing**

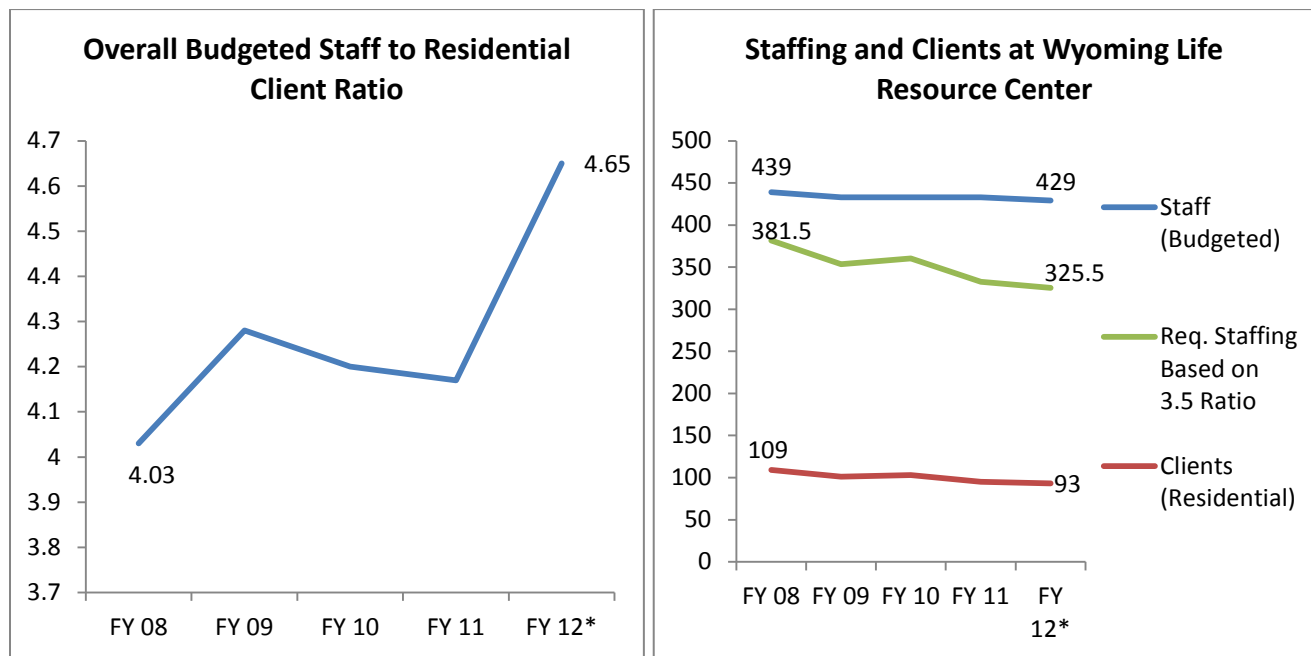
The Wyoming Life Resource Center was budgeted for 433 full-time positions, 2 AWEC, and one part-time position for SFY 2011-2012. As of May 2012, the facility had 31 full-time vacancies. The Wyoming Life Resource Center is budgeted for 430 full-time positions, 2 AWEC, and one part-time position as of the final adopted budget for SFY 2013-2014.

## Total Capacity and Residents

The Wyoming Life Resource Center has a stated current capacity of 102 beds and occupancy of 93 residents (May 2012 operational report). It is licensed for 142 beds.

	Capacity	Ending Residents (May 2012)	Full-Time Staffing (Budgeted) Related to This Program	Budgeted Staff to Client Ratio (Based on Current Residents)
Canyons-DD	86	79	206	2.6
Visions-ABI	12	12	31	2.58
Horizons-Medical Center	4	2	10	5
Non-Resident Training Programs and Admin	NA	NA	186	NA
Current Month Count	102	93	433	4.65

The budgeted staffing ratio has increased from FY 08 to FY 12 by 15.6% as client occupancy has decreased. Stated differently, budgeted staffing changes (1.3% reduction) have not decreased as fast as client occupancy at the facility (14.67% reduction). Previous numbers available excluded AWEC and part-time as part of the staff to client ratio, so this was also done for FY 2012 to ensure comparability with prior information. Previous numbers used unduplicated residents for an entire year, which is an inappropriate method for calculating staffing ratios, rather than average residents per month<sup>1</sup>. If the overall staffing ratio had been maintained at FY 08 levels (4.03 staffing ratio) the facility would have 375 employees budgeted rather than 433 in FY 12.



<sup>1</sup> If you had 90 clients at month 1 and 60 clients remaining at month 12, your unduplicated count may be 90 but your average of the two months would be 75.

## Number of Buildings and Condition of Buildings

There are 45 habitable buildings at the Wyoming Life Resource Center, which equate to about half a building per current resident. The facility is located on a 94 acre campus. Numerous buildings on the campus are in need of upgrade.

## Per Diem Rate and Cost Coverage

Based on the May 2012 resident level (93 residents), the 2013-2014 revised budgeted cost per resident is \$318,271.

The Medicaid daily per diem rate for the facility is \$717.92 for ICF/ID clients in the Canyons program, or \$262,040 per year. Only the residents of the Canyons program (79 residents in May 2012) currently qualify for Medicaid reimbursement. At the \$717.92 daily rate, Medicaid rates only cover 82% of the costs of these clients, with the General Fund covering the remainder. However, ICF-ID rate in Wyoming is already one of the highest in the country and is highest in the region, and would be difficult to gain federal approval to increase further. A comparison of average per resident daily expenditures to other State ICF-ID facilities was done in fiscal year 2010<sup>2</sup>. The table below shows a comparison to ICF-ID facilities in the region.

State	Average Per Resident Expenditure Per Day (16+ Resident Facility Size)
Colorado	\$628
Idaho	\$638
North Dakota	\$570
Utah	\$459
Wyoming	\$718

Clients in the Visions ABI and Horizons medical center are currently 100% General Funded. These 14 clients (12 ABI and 2 medical care) represent the primary cause of General Fund subsidy for the facility as these clients do not qualify for Medicaid reimbursement. For these 14 clients, approximately \$9 million per biennium is paid for entirely by the General Fund.

## Revenue Generation Ability

A primary cause of the General Fund subsidy (excluding GF portion of the Medicaid cost for Canyons clients) is the inability to charge another payor (other than the General Fund) for care provided at Visions ABI and Horizons Medical Center.

## Other States Approaches

Some states have made concerted efforts to close their ICFs/MR, with Alaska closing all of its six facilities, Michigan reducing the number from over 400 to two, and many other states also making significant transitions away from institutional based care. Wisconsin also has a notable state effort to prioritize home and community based service and to shift clients from facilities to less restrictive environments. Wisconsin's results can be seen at:

- <http://www.dhs.wisconsin.gov/bdds/icfmr/index.htm>

<sup>2</sup> <http://rtc.umn.edu/risp10> Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2010. University of Minnesota.



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## Program Description

The Public Health Nursing (PHN) Program, within the Public Health Division, uses a population-based approach to improving the health of Wyoming residents. By working with whole communities, public health nurses are able to educate people about health issues, improve community health and safety, and increase access to care. In low-income and rural communities, public health nurses provide critical health care services. They provide immunizations, pre-natal and well-baby care, and services to the elderly. They also respond to potential health crises. PHN provides the local workforce for other Department of Health programs such as Public Health Emergency Preparedness, Immunizations and Communicable Disease, Adult Health, Maternal and Family Health, and long-term care assessments. Public Health Nursing (PHN) is a partnership between Wyoming state and county governments. State statutes authorizing Public Health Nursing are W.S.35-1-240; 35-1-305, 35-1-306; 35-27-101 thru 104.

## Standard Budget History

	2005-2006	2007-2008	2009-2010	2011-2012	2013-2014	10 yr. Growth
<b>General Fund</b>	\$7,837,731	\$10,209,341	\$11,931,340	\$12,560,536	\$12,492,603	59%
<b>Other</b>	\$3,816,920	\$5,099,500	\$5,210,311	\$5,561,481	\$5,725,802	50%
<b>Total</b>	\$11,654,651	\$15,308,841	\$17,141,651	\$18,122,017	\$18,218,405	56%
<b>WDH Positions</b>	113	112	112	112	107	-5%

## What Drives Cost?

97.8% of this program's costs are for personnel. State general funds pay for 65% of the salaries and benefits, with the counties paying for the remaining 35% for state-employed nurses placed in counties. Ninety percent of state PHN personnel are in direct daily contact with the populations they serve. The financial partnership between the State and county governments allows the placement of state employed nursing staff in 20 out of 23 counties in Wyoming. As of 2011, Campbell, Sweetwater, Natrona counties do not have State PHNs. Part of the counties' match (for space, materials and supplies, and other costs) does not pass through this budget and is paid directly by the counties. The program has 86 full-time and 21 part-time positions for a total of 107 positions, which includes fifteen positions from Sweetwater and Natrona counties that are currently vacant.

## 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Public Health Nursing	\$805,217	\$11,571,000	\$1,272,810

## **2014, 2015-2016 General Fund Cuts Proposed continued**

In 2011, Sweetwater and Natrona counties chose to cancel their Public Health Nursing contracts and went independent. This resulted in 15 nursing positions being frozen, and which have not been approved to refill for use in other counties. Therefore, the money for these positions is available to apply to the budget cuts as needed.

The total GF for Sweetwater and Natrona counties was \$1,617,216. Of that amount, \$805,217 was utilized for the 2014 budget reductions. The remaining \$811,999 will be applied to the 2015-16 projected budget reductions.

The remaining \$460,811 in reductions that are needed will be achieved through eliminating positions as they become vacant. The first position proposed for elimination is the Nursing Supervisor position in Teton County. We will be promoting the current nursing supervisor into the County Nurse Manager position, and eliminating Position 3173 for a biennium savings of \$118,576 (including benefits). There is also a Laramie County staff nurse retiring in November, so we propose eliminating that position, which will save \$98,934. These two reductions when combined with the fifteen vacant positions from Natrona County and Sweetwater, will result in 17 vacant positions being eliminated.

The final \$243,302 will be achieved through further staff reductions. It is preferable to reduce staff as people leave positions, so each position that becomes vacant will can be evaluated to ensure ongoing provision of the essential public health services despite potential local PHN staffing reductions.

## **Number of People Served/Services Provided**

During the 2010-2011 biennium, Public Health nurses served:

- 16,146 individual Maternal and Child Health (MCH) clients and 18,189 clinic/class participants
- 663 individual clients and 86,786 clinic/class participants in the Communicable Disease service program
- 303,390 immunizations
- 2,334 clients and 8,359 clinic participants in Adult Health programs
- 10,842 long term care assessments

## Program Description

The Wyoming Senior Services Board was established in 2003 by § 9-2-1210 through 9-2-1215. The Senior Services Board is an appointed board that provides funding for eligible senior centers through an annual grant process, and reviews and monitors the expenditures of the grants awarded.

The formula for distribution of Senior Services Board funds is based on a basic amount per year of \$30,000, and then additional funding based on an allocation formula determined by the Senior Services Board. These grants include: basic grants, formula grant, wage supplement grants, and emergency grants. The 39 entities eligible for funding consist of 36 actual senior centers, 2 stand-alone Meals on Wheels operations, and Wyoming Senior Citizens, Inc. A maximum of 1% of the funds can be used for Senior Services Board administration, travel, and other expenses.

The Senior Services Board is 100% funded from state general funds. In the 2013-2014 Biennium, over 99% of funds is budgeted to be disbursed as grants to senior centers.

## Standard Budget History

	2005-2006	2007-2008	2009-2010	2011-2012	2013-2014	10 yr. Growth
<b>General Fund</b>	\$1,750,000	\$3,500,000	\$6,300,000	\$9,255,000	\$11,655,000	566%
<b>Federal/Other</b>	-	-	-	-	-	-
<b>Total</b>	\$1,750,000	\$3,500,000	\$6,300,000	\$9,255,000	\$11,655,000	566%

The Wyoming Senior Service Board has no assigned staffing. Administrative duties for meetings are covered by Aging Division administration staff.

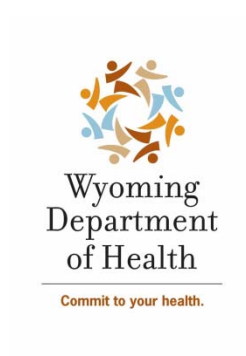
## What Drives Cost?

Legislative changes and increased funding allotments by the Legislature have increased costs in this program. The Senior Services Board was established in 2003. The program was amended in 2007, altering the minimum “basic” grant from \$20,000 to \$30,000, and changing the funding formula. The funding formula was changed so that 95% of funding goes to eligible senior centers and the remainder can be used for emergency grant proposals (limited to \$20,000 maximum per single occurrence), rather than 75% for senior centers and 25% for innovative grant proposals that had existed before 2007. In 2007 a change was also made that the board promulgates the rules applicable to the board, including the distribution formula, rather than the Division of Aging.

## 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Senior Services Board	\$ 490,585	\$ 11,164,415	\$ 895,104

The cuts for 2014 and 2015-2016 will reduce funding to the Senior Services Board. Allocations of the cuts to senior centers would then be determined by the independent Wyoming Senior Services Board.



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# Tax Refund for Elderly and Disabled

Wyoming  
Department of  
Health

## Program Description

This program provides an annual refund of sales and use taxes, property tax relief, and utility/energy cost relief to qualified low-income elderly and disabled individuals. The maximum statutory refund amount for individuals is \$800, and for married couples is \$900. The average actual rebate amount paid in FY 2011 was \$624. In FY 2011, 6,426 rebates were paid based on the standards in State Statute. Rebates to citizens account for approximately 95% of the cost of the program. In FY 2011, 52% of the rebates were paid to disabled individuals and 48% to elderly individuals. The refunds are reduced proportionally for income over a set amount and for refunds/exemptions from other programs.

## Standard Budget History

	2005-2006	2007-2008	2009-2010	2011-2012	2013-2014	10 yr. Growth
<b>General Fund</b>	\$3,264,297	\$3,139,530	\$10,111,165	\$8,335,314	\$8,955,933	174%
<b>Federal/Other</b>	-	-	-	-	-	-
<b>Total</b>	\$3,264,297	\$3,139,530	\$10,111,165	\$8,335,314	\$8,955,933	174%
<b>WDH Positions</b>	1	2	2	2	2	100%

This program is funded 100% from the General Fund. Tax refunds to citizens represent about 95% of the cost of this program.

## What Drives Cost?

Changes to statutes expanding maximum refund amounts, income eligibility, and asset tests have increased costs for this program. The maximum statutory refund amount was increased in 2006 for individuals from \$500 to \$800, and for married couples from \$600 to \$900. In 2008, a provision was added that rebates under this program shall be reduced by the dollar amount received by the applicant for the preceding calendar year from any exemption under W.S. 39-13-105, any homeowner's tax credit under W.S. 39-13-109(d)(i) or any tax refund under W.S. 39-13-109(c)(iv) but considering these other tax programs did not have a major effect on this program's costs. The income eligibility for this program has been expanded by legislation over time, with expansions in 2006 and 2008 progressively increasing the income limits for individuals from \$10,000 before 2006 to \$17,500 after 2008. Married couples income eligibility was also expanded from \$14,000 to \$28,500, during this time period. Over this time period maximum asset limits were also increased, making more individuals eligible for rebates.

## 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Tax Refund	\$ 323,969	\$ 8,654,192	\$ 8,654,192

## 2014 General Fund Cuts Proposed

The cut for 2014 in this unit will be achieved by reducing the budget to reflect a slight decline in the number of rebates expected in 2014.

## 2015-2016 General Fund Cuts Proposed

The WDH proposes eliminating this program in the 15-16 biennium. This program does not provide an essential health benefit to Wyoming citizens, and this will allow cuts to other essential programs to be lessened.

The current program approval process allows adults who are on a Medicaid waiver to qualify for the refund. In most cases, the amount of the waiver benefits paid on behalf of the waiver recipient would disqualify them from the refund if the waiver was considered a “public assistance payment”. This points to a larger problem with the program that while this program is called “tax refund”, the program as designed does not consider certain significant public assistance programs such as Medicaid and Medicaid Waivers, or whether the person actually paid taxes. Many taxes that existed when this program was created have been eliminated or limited by the legislature including sales taxes on food, property taxes through exemptions and credits, other refund programs, and utility/energy assistance programs such as LIEAP.

Another issue with the program is the variability in the number of applicants, and the lack of flexibility in the refund amount. Per statute, WDH must pay the required statutory amount for all eligible applicants regardless of whether there is sufficient budget to pay for those rebates. There is no cap on the number of people who may qualify for rebates in a given year.

## Definition of Income

§39-11-109(c), which establishes the Tax Refund Program, specifically mentions public assistance payments as income. In the past, WDH rules have not considered Medicaid and Medicaid waivers as public assistance payments but as the expenditures per recipient continue to grow, these public assistance programs represent significant alternative income sources for some Wyoming residents.

§39-11-109. Taxpayer remedies.

(c) Refunds. The following shall apply:

(i) As used in this subsection:

(A) "Department" means the department of health;

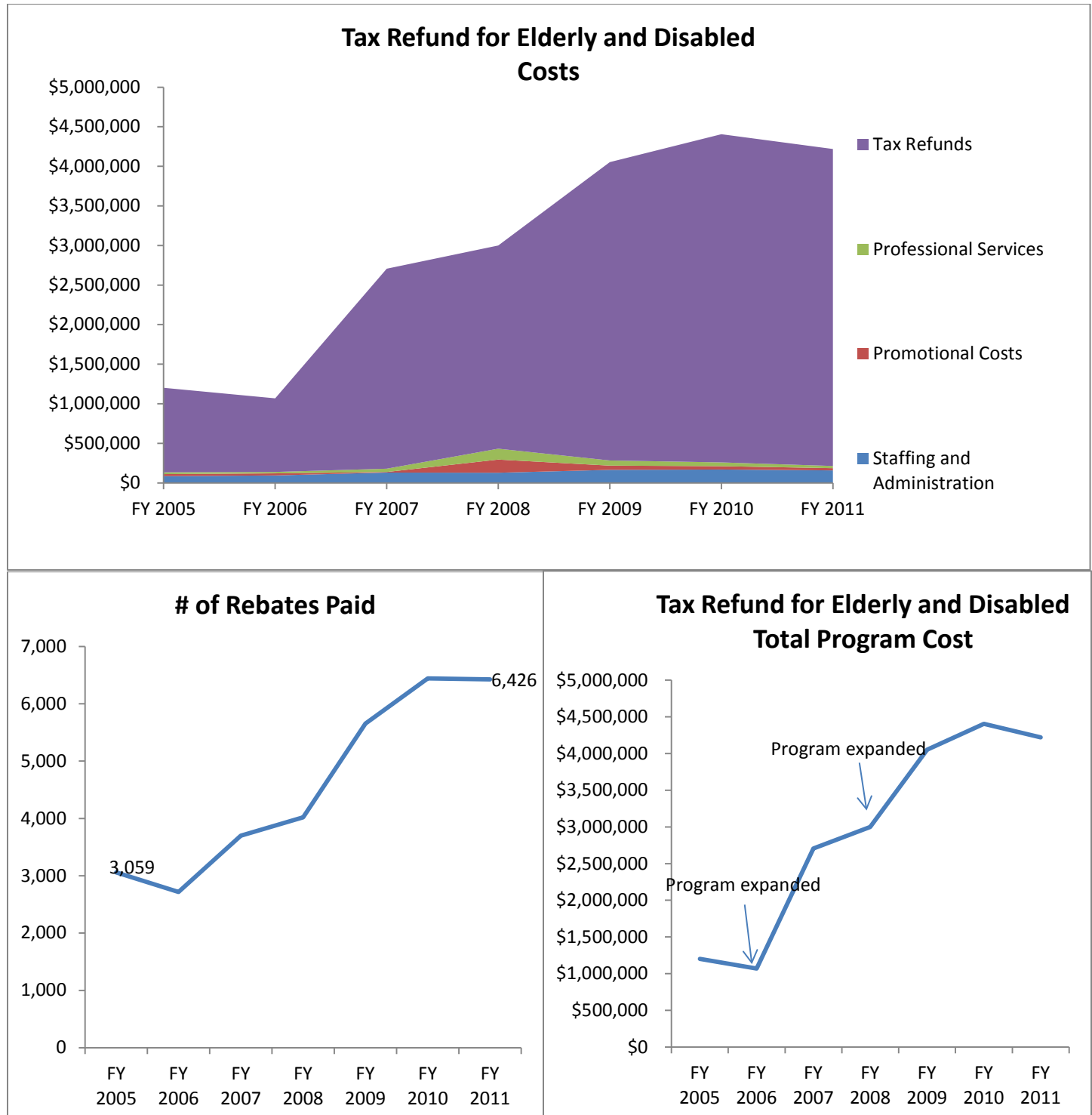
(C) "Income" includes, but is not limited to, wages, receipts from earnings including earnings from self-employment, rents, interest, dividends, annuities, trusts, pensions, alimony, support payments, **public assistance payments**, unemployment compensation, federal social security payments, veteran's benefits and disability payments, native American per capita payments, or **net income from any other qualified income as determined by the department**;

# Tax Refund for Elderly and Disabled

Wyoming  
Department of  
Health

## Additional Information

The costs of the program have increased over the last seven years as income eligibility and the rebate amount have been increased through legislation. Rebates to citizens account for about 95% of the cost of this program. 3,059 rebates were paid in FY 2005, and 6,426 were paid in FY 2011.

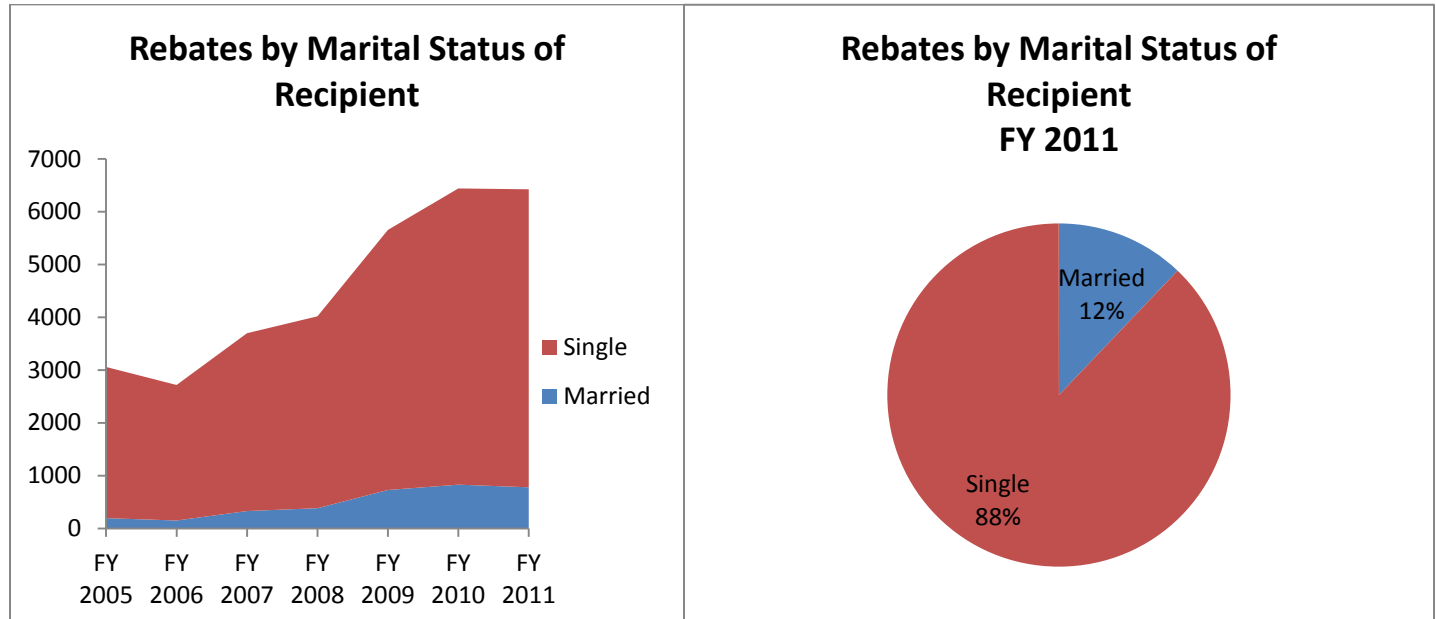


# Tax Refund for Elderly and Disabled

Wyoming  
Department of  
Health

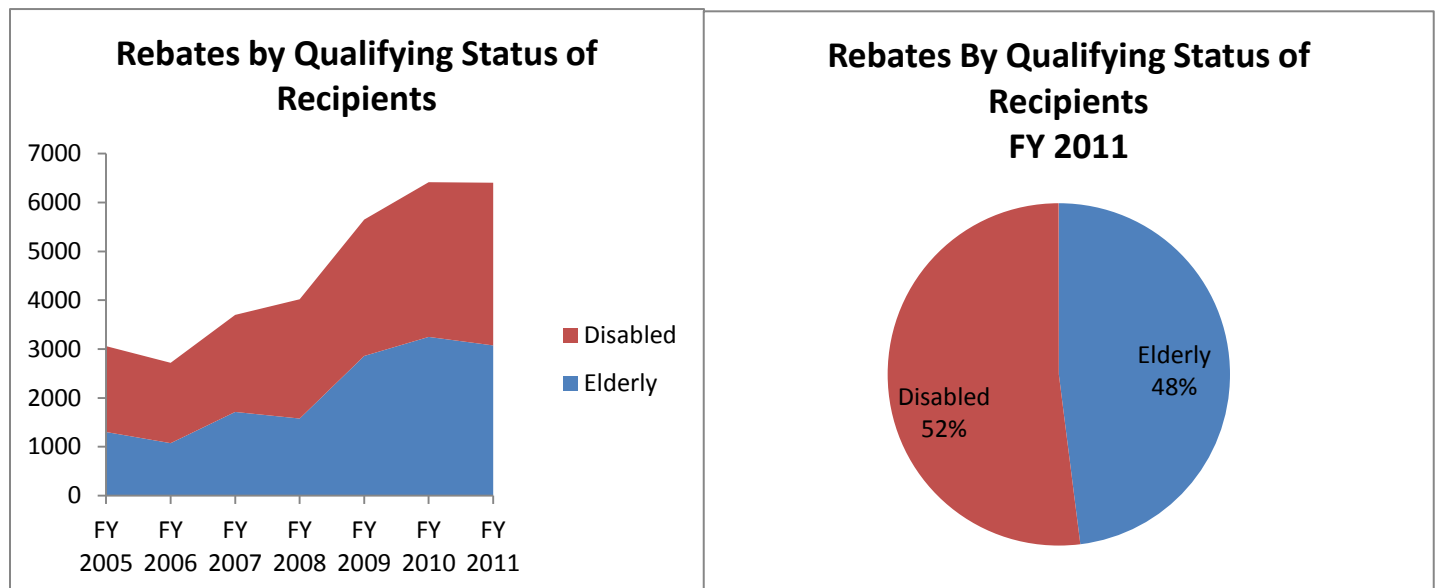
## Recipients of Refund Married and Single

The majority of the recipients receive the single person rebate amount rather than the married rebate amount.



## Disabled and Elderly Recipients

In FY 2011, 52% of the rebates were paid to disabled individuals and 48% to elderly individuals





## Program Description

Senior Care is a collection of programs: Community Based In-Home Services (CBIHS), Wyoming Aging and Disability Resource Center, Title III-B (Support services), Title III-D (Disease prevention and health promotion), Title III-E (National Family Caregiver Program), and Alternative Elder Care.

Of particular interest is the Community Based In-Home Services program, which is 100% funded with State General Funds. Approximately 89% of state general funds in Senior Care unit are used in the Community Based In-Home Services program.

## Standard Budget History

	2005-2006	2007-2008	2009-2010	2011-2012	2013-2014	10 yr. Growth
<b>General Fund</b>	\$4,323,223	\$4,291,223	\$6,945,929	\$6,866,929	\$6,866,929	59%
<b>Federal/Other</b>	\$4,151,528	\$4,151,528	\$4,807,772	\$4,807,772	\$4,805,831	16%
<b>Total</b>	\$8,474,751	\$8,442,751	\$11,753,701	\$11,674,701	\$11,672,760	38%
<b>WDH Positions</b>	-	-	-	-	-	-

## What Drives Cost?

Growth in enrollment in the Community Based In-Home Services program and the cost of these services are the primary cause of General Fund expenditure growth in this unit.

## 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Senior Care	\$ 188,463	\$ 6,878,466	\$ 256,393

**2014 Cuts:** This reduction will reduce General Fund “overmatching” of the Federal programs in this unit. This will require additional resources/match by local communities for some programs. In addition, the unused Elder Care alternatives program will be reduced by \$15,000 and the CBIHS program will be reduced by \$11,914.

**2015-2016 Cuts:** Cuts to Community Based In-Home Services (CBIHS) may result in increasing waiting list or reduction of services offered. However, this program is the single largest user of general funds, and does not have other funding sources or a federal match.

Other programs in the Senior Care unit have significant federal funding (between 52% and 100% Federal funding) and substantial outside funding sources to the state would be lost if these programs are cut further. For this reason, no cuts are proposed for these programs beyond the “overmatching” amounts that were cut in 2014.

## Additional Information

The Senior Care unit is a collection of primarily federal programs and the 100% General Funded Community Based In-Home Services Program. Shown below is the Senior Care Budget before the 2014 cuts.

### SFY 2014 Budget Before 2014 Cuts

Program	General Fund 2014	Federal 2014	Total Funding 2014	% General Fund
Community Based In-Home Services	\$ 3,134,413	\$ -	\$ 3,134,413	100%
All Other Senior Care Programs	399,052	2,432,542	\$ 2,831,593	14%
<b>TOTALS</b>	\$ 3,533,465	\$ 2,432,542	\$ 5,966,006	59%

The next table details where General Funds are used in the Senior Care unit before the 2014 proposed cuts. Approximately 88.7% of the General Funds are used for the Community Based In-Home Services program. The programs called "Title III" below are matches for federal programs.

Senior Care Sub-Program/ Activity	2014 General Funds	% of General Funds
Required Match To Title III-B	\$53,996	1.5%
Match To Title III-E	\$15,719	0.4%
Title III-Programs Supplemental GF	\$229,337	6.5%
CBIHS	\$3,134,413	88.7%
Aging and Disability Resource Center	\$100,000	2.8%
<b>TOTAL</b>	<b>\$3,533,465</b>	

### Community Based In-Home Services Program Description- 100% State General Funds

Community Based In-Home Services program is a state funded grant program that contracts with 23 providers (one per county) to provide in-home services to persons 18 years and older in Wyoming who are at risk of placement in nursing homes, assisted living or other institutional care. Services are primarily homemaking, personal care, and chore services.

The Community Based In-Home Services program is funded 100% through state general funds, and uses the greatest share of state general funds among the Senior Care Program. This program requires at least a 5% local match plus a client contribution that does not pass through the state.

In 2011, 2,586 persons were served by community based in-home services and the average cost of these services to the state was \$1,200 per client. In 2011, the number of potential clients on the waiting list ranged from low of 43 to a high of 116.

This program was changed substantially in FY 2007 by legislative action regarding community based in-home services which changed eligibility to include adults with disabilities and changed services that are available through the program.

#### **§ 9-2-1208 Community based in-home services**

The first 2007 amendment, by ch. 57, §§ 1, 2, in (a), inserted "Wyoming," and inserted "disabled adults eighteen (18) years of age and older"; in (b), substituted "Personal care" for "Home health aid" in (ii), substituted "services" for "care" in (iv); in (c), substituted "evaluation" for "assessment" in (ii), repealed (iv), which read: "Within the limits of legislative appropriation and other available funds, administer programs under the "Older Americans Act", P.L. 89-73, and any amendments thereto."

The second 2007 amendment, by ch. 219, § 2, added the last sentence in (a); and inserted "for individuals who are not able to pay for the care due to lack of income or assets and are not able to qualify for hospice services under the Medicaid program" in (b)(iv).

The broadening of the set of services available and eligibility has expanded the number of people participating in the Community Based In-Home Services program.

### **Other Programs In the Senior Care Unit**

#### **Wyoming Aging and Disability Resource Center (ADRC)- 52% Federally Funded**

The Aging and Disability Resource Center (ADRC) provides statewide information and referral, options counseling and short-term resource coordination management to those adults who are most vulnerable in our state. Adults aged 55+ and those 18 and over living with a disability, their families, caregivers, and healthcare providers are eligible for ADRC services. The program is funded approximately 52% Federal and 48% General Fund. The Wyoming ADRC began operating March 14, 2011.

#### **Title III-B (Support services) -85% Federally Funded**

Title III-B Program enables older individuals to remain physically, mentally and socially active through services designed to meet their needs. This program helps older adult individuals to remain in their own homes by providing support services to enhance their health and to be active contributors to their families and communities.

Total funding for the III-B program consists of 85% federal funds, and 13.02% of state general funds. An additional 1.98% from local funding sources does not pass through the state and often exceed the minimum match amount. In FFY2011, Title III-B program served 22,156 individuals statewide. The eligibility for Title III-B Program is for people 60 years and older.

Thirty-seven (37) senior centers and grantees received III-B funding for FFY2011. The III-B program funding supports the operation and administrative functions for all Senior Centers statewide.

**Title III- D (Disease prevention and health promotion)- 100% Federally Funded**

Title III-D Program is both an educational and support program, designed to assist older individuals in the self-management of their physical and mental health. This program is designed to help in the prevention and progression of chronic disease. The Title III-D program promotes healthy eating, regular physical, and mental activities, which are the keys in helping to promote behaviors that can help the older individuals live a longer and healthier life.

This program is 100% federally funded, and may only be used for direct services.

**Title III E (National Family Caregiver Program)- 75% Federal Funded**

The National Family Caregiver Support Program provides services to caregivers that are 19 and older, and grandparents or relative caregiver, 55 and older. Eligible caregivers care for persons that are 60 years old or older, or have Alzheimer's or related dementia. Eligible grandparents provide primary care for a child 18 and younger, or of an adult child between the ages of 19-59 who has a disability.

Title III-E is a 75% federal and 25% local match program. Provider match (local funds) and program income are required but do not flow through this budget. Providers have to meet a 25% local match to receive the federal funds.

### Facility Description

The Veterans' Home of Wyoming was established as a state veterans home to provide domiciliary care to honorably discharged veterans. Domiciliary care, which is similar in scope to assisted living care, provides food, shelter, and other care on an ambulatory, self-care basis to assist eligible individuals. Eligible individuals suffer from disability, disease or defect of such a degree that incapacitates them from earning a living, but who are in need of limited nursing care services including medication administration and supervision, mental and physical monitoring. The care and maintenance of Wyoming's veterans is a responsibility shared among the State of Wyoming, the Department of Veterans Affairs (VA) and the veterans themselves.

Personnel costs represents approximately 81% of budgeted expenditures for the facility.

The Veterans' Home had 82 residents as of April 30, 2012. Based on this resident level (82 residents), the budgeted average cost per client per year at this facility for the 2013-2014 biennium is \$39,121.

### Standard Budget History

	2005-2006	2007-2008	2009-2010	2011-2012	2013-2014	10 yr. Growth
<b>General Fund</b>	\$4,152,065	\$4,876,488	\$5,777,494	\$5,922,286	\$6,583,761	59%
<b>Federal/Other</b>	\$-	\$-	\$379,707	\$875,713	\$1,074,229	-
<b>Total</b>	\$4,152,065	\$4,876,488	\$6,157,201	\$6,797,999	\$7,657,990	84%
<b>WDH Positions</b>	45	45	46	46	48	7%

This program generates significant revenue through user charges and payments from the Department of Veterans' Affairs (VA). As of the most recent budget FY 13-14, the Veterans' Home does not receive appropriate credit for the revenue earned from these other sources. Revising this budgeting policy would reduce the WDH General Funding by approximately \$4,250,000 per biennium.

### What Drives Cost?

The number of residents, staffing levels, and staffing cost (wages and benefits) drive costs.

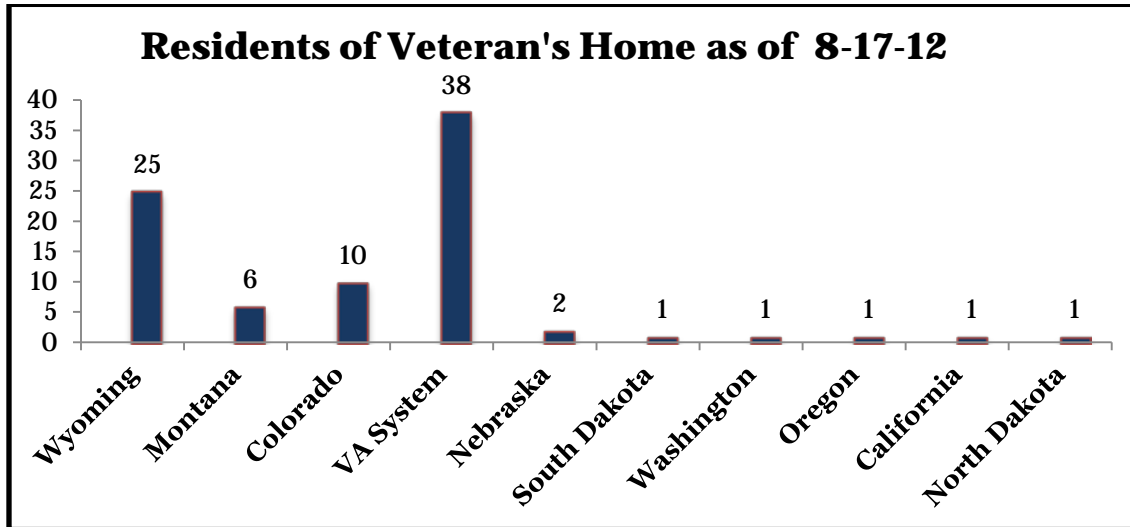
### 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Veteran's Home	-	\$ 6,546,872	-

No cuts are currently proposed for this facility as this facility is currently undergoing a review of operations to identify efficiency improvements. This facility is also seeking additional funding from Medicaid and Medicare.

### Where do Veterans' Home Clients Come From?

As of August 27, 2012 there were a total of 86 residents at the Wyoming Veterans' Home. Most residents originate out of the VA system or are residents of Wyoming.



### Rate Charged Per Client and Cost-Sharing Rules

The State of Wyoming receives a per diem payment from the Department of Veterans' Affairs for each care day of the veteran. The current VA per diem is \$39.90, or \$14,563 per year.

The formula for the Veterans' Home of Wyoming for the sharing of costs by the veteran is:

- If the veteran has assets of more than \$10,000, or monthly income of \$1,330 or more the veteran pays the maximum charge. The current maximum charge for the veteran is \$1,075 per month, or \$12,900 per year, which is in addition to the VA per diem payments.
- If the resident has assets less than \$10,000 the monthly maintenance is established by a formula. The formula provides for the resident to pay 85% of their monthly income reduced by \$65.00 and reduced by any healthcare insurance premiums that are being paid up to the maximum charge of \$1,075.
- Examples:  $(\text{Income} - \$65.00 \times .85 = \text{Monthly maintenance})$ -- Income of \$1000 would be calculated— $\$1000 - \$65 \times .85 = \$794.75$  Rounded up to \$795.00.

**Accounting for Revenue Earned by The Facility**

For biennium 13-14, 87.6% of funding for the Veterans' Home is budgeted to come from state general funds, because the budget does not recognize user fees and per diem payments in this budget. These revenues revert directly to the general fund.

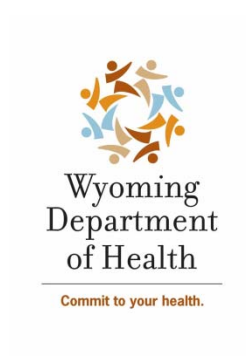
The Veterans' Home of Wyoming receives federal program funds from the Department of Veterans Affairs under the State Home Program in the form of per diem payment which is returned to the general fund. All revenues received from user fees and the per diem payments from the Department of Veterans Affairs are returned to the general fund.

As of the most recent budget FY 13-14, the Veterans' Home accurately reflect the revenue earned from outside sources. Changing this budgeting policy would reduce the General Fund budget by approximately \$4,250,000 per biennium.

**Income Statement**

Based on the ending income statement for the facilities for FY 2011, earned revenue covers 70% of this facility's costs rather than 15% as currently shown in the budget.

	<u><b>FY 2009 Actual</b></u>	<u><b>FY 2010 Actual</b></u>	<u><b>FY 2011 Actual</b></u>
<b>Total Earned Revenue</b>	\$2,409,490	\$2,267,498	\$2,264,417
<b>Total Expenditures</b>	<u>2,818,135</u>	<u>2,997,996</u>	<u>3,252,994</u>
<b>Net Income</b>	\$(408,645)	\$(730,498)	\$(988,577)
 <b>Actual General Fund Subsidy</b>	 \$408,645	 \$730,498	 \$988,577



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## Program Description

The Immunization program orders and distributes state and federally-purchased vaccines to participating providers through the Vaccines for Children and Wyoming Vaccinates Important People programs. The Immunization program also oversees the Wyoming Immunization Registry, provides education and resources to providers and consumers related to immunizations, monitors vaccine storage and handling, determines immunization coverage rates, and processes vaccination exemption requests related to school attendance.

## Standard Budget History

	2005-2006	2007-2008	2009-2010	2011-2012	2013-2014	10 yr. Growth
<b>General Fund</b>	\$129,906	\$209,906	\$5,551,902	\$6,116,295	\$6,435,018	4854%
<b>Federal/Other</b>	\$1,994,724	\$2,350,808	\$2,296,499	\$2,572,786	\$2,008,300	1%
<b>Total</b>	\$2,124,630	\$2,560,714	\$7,848,401	\$8,689,081	\$8,443,318	297%
<b>WDH Staff</b>	8	9	9	7	8	0%

The Immunization program is budgeted to receive 75.1% of its funding from the general fund for Biennium 13-14. The program has eight full-time positions budgeted. Almost all of the budgeted expenditures from state general funds are for the purchase and distribution of vaccines.

## What Drives Cost?

Prior to 2007-2008, eligible Wyoming children received free federally funded vaccines through the Vaccines for Children (VFC) Program. Beginning in the 2007-2008 biennium, Wyoming began purchasing vaccines with State General Funds for children who do not qualify for VFC in order to provide all Wyoming children with vaccines recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP); this change to “universal coverage” was legislatively mandated. This \$5,000,000 expansion of the program is reflected in the difference in the standard budget between the 2007-2009 and 2009-2010 biennia. The expansion was done to improve vaccination rates among Wyoming children and to utilize the discount afforded by purchasing all vaccines through the CDC contract. However, in practice it shifted financial responsibility for many of the immunizations from private payers (private insurance, etc.) to the State. The number of doses of vaccine distributed, the specific vaccines covered by the program, and the cost of vaccines have been the main determinants of cost since the 2007-2009 biennium, when universal coverage was instituted. The State transitioned from universal to universal-select coverage in the 2011-2012 biennium, which means that the state continues to cover some, but not all, ACIP-recommended vaccines to Wyoming children not eligible for VFC.

## 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Immunization	-	\$ 6,435,016	\$ 707,852

## 2015-2016 General Fund Cuts Proposed Continued

2015-2016: Approximately 90% of the Immunization Program's general fund budget is reserved for vaccine purchasing. This is the only reasonable area that can be reduced in order to meet the potential shortfall for 2015-2016.

Making this reduction would likely result in eliminating one or two vaccines from the state formulary or reducing the number of doses of a vaccine provided by the state. For example, the pneumococcal vaccine has an approximate annual state cost of \$1.68 million. This vaccine could be eliminated altogether or the state could provide just the first two doses of the four-dose series, a cost reduction of \$840,000. However, elimination of doses would entail additional administrative oversight to track number of doses administered.

Vaccines not provided by the state would need to be privately purchased, making it more difficult for patients to locate a physician who elects to privately purchase vaccines. The decision as to which vaccines the program would eliminate would be made by the State Health Officer, with input from the Vaccine Advisory Board.

## Services Provided

The number of vaccines distributed each year varies based on the number of children eligible and the number of vaccines on the recommended immunization schedule. The total number of vaccines administered to children under eighteen years old was 240,914 in FY 2010. There have been new vaccines introduced to the recommended immunization schedule by the federal Advisory Committee on Immunization Practices since the enactment of the Childhood Immunization Act. These additional vaccines added cost to the program.

## Uses of State General Funds

The majority of the federal vaccine funds may only be used to purchase vaccines for children 0 to 18 years of age (inclusively) that qualify for the Vaccines for Children (VFC) federal program, which specifies strict eligibility criteria. However, using the federal Centers for Disease Control and Prevention(CDC) contract, Wyoming is able to purchase vaccine with state general funds at an average price reduction of 20 to 25 percent for children not covered under the federal Vaccines for Children program. Using a combination of federal and state funds, the Immunization Section is expected to help Wyoming reach national Healthy People 2020 immunization objectives, to ensure that 80% of Wyoming children complete the recommended vaccination series by 2 years of age.

## Impact of ACA on Vaccine Coverage

The ACA mandates provision<sup>1</sup> of Advisory Committee on Immunization Practices (ACIP) recommended vaccines<sup>2</sup> with no cost sharing when an in-network doctor is used<sup>3</sup>. This provision applies to privately insured individuals in non-grandfathered private plans for ACIP list vaccinations. Insurers must implement new ACIP recommendations within a year of CDC adoption.

The following vaccines are required to be covered by non-grandfathered plans with no cost sharing requirements<sup>4</sup>:

- DTaP (children 15-18 months, 4-6 years)
- Haemophilus influenza type b (children 12-18 months)
- Hepatitis A ( children 12-23 months, 2-18 years w/risk factors; adults 19+ w/ risk factors)
- Hepatitis B (children newborn-18 months, 7-18 years; adults 19+ w/ risk factors)
- HPV (women 11-26)
- Inactivated Poliovirus (children 6-18 months, 4 years+)
- Influenza (yearly) (children 6+ months and adults)
- Meningococcal (children 11-12 , 2-18 w/risk factors; adults 19+ w/ risk factors)
- MMR (children 1-18 years; adults 19-49; 50+ w/risk factors)
- Pneumococcal (children 12-18 months, 2 years+ w/risk factors; adults 19-64 w/risk factors)
- Td booster, Tdap (children 11-18 years; adults 19-64)
- Varicella (children 12-18 months, 2 years+ w/risk factors; adults 19+)
- Rotavirus (children 2-8 months)
- Zoster (adults 60+)

<sup>1</sup> <http://www.ama-assn.org/resources/doc/public-health/immunization101-tan2.pdf> American Medical Association, Impact of the Affordable Care Act on Immunization

<sup>2</sup> <http://www.cdc.gov/vaccines/acip/index.html>

<sup>3</sup> No plan is required to cover vaccinations delivered by an out-of-network provider.

<sup>4</sup> <http://www.kff.org/healthreform/upload/8219.pdf> Kaiser Family Foundation, Focus on Health Reform, Preventive Services Covered by Private Health Plans under the Affordable Care Act, September 2011



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## Program Description

Support services are administrative functions such as Fiscal, Human Resources, Health Insurance Portability and Accountability Act (HIPAA) Compliance, the Director's Unit for Policy, Research and Evaluation, and the Director's Office.

For the 2013-2014 biennium, 97.6% of the funding for support services comes from state general funds. Within these areas 91.2% of budgeted expenditures are for personnel costs.

## Standard Budget History

	2005-2006	2007-2008	2009-2010	2011-2012	2013-2014	10 yr. Growth
<b>General Fund</b>	\$3,187,110	\$5,419,403	\$7,030,038	\$6,154,904	\$5,801,771	82%
<b>Federal/Other</b>	-	\$244,378	-	-	\$140,980	-
<b>Total</b>	\$3,187,110	\$5,663,781	\$7,030,038	\$6,154,904	\$5,942,751	86%
<b>WDH Positions</b>	25	34	30	29	27	8%

## What Drives Cost?

The number of employees and salary and benefit costs for these employees. The mix of employees and the functions performed by the support services units have varied considerably during this period. The budget for this area has been reduced in each of the two last bienniums.

## 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Support Services ( Fiscal, HR, etc.)	\$10,000	\$ 5,695,368	\$197,445

2014 Cut: This will reduce contractual expenses by \$10,000.

2015-2016 Cuts: This area has had two positions frozen due to the hiring freeze. We are proposing eliminating those two vacant positions and reallocating work within this unit. In addition, \$22,000 of in-state travel, out-of-state travel, and equipment rental will be eliminated.

## Descriptions of Support Functions

### **Fiscal Services**

Fiscal Services monitors the Department of Health budget and processes payments for vendors and health providers.

### **Human Resources Office**

The Human Resources Office provides leadership, guidance and administration of compensation, recruitment, payroll, benefits and employee relations.

### **Health Insurance Portability and Accountability Act (HIPAA) Compliance**

The Office of HIPAA Compliance assures agency compliance with federal and state laws related to privacy and confidentiality, provides leadership and direction regarding privacy and security, develops and administers privacy and security policies, receives and addresses related complaints from clients and staff.

### **Director's Unit for Policy, Research and Evaluation (DUPRE)**

The DUPRE unit supports the strategic aims of the Director and the Agency by performing research and analysis, providing Divisional Support, evaluating and improving Agency performance, guiding strategic planning, and informing and monitoring policy development.

### **Director's Office**

The Director's Office sets the strategic aims of the Agency, and seeks to improve Agency performance and cost effectiveness.

## Facility Description

The Wyoming Retirement Center operates as an eighty bed Medicare, Medicaid, and Veterans' Administration certified long term, convalescent, and respite care skilled nursing facility established to meet the needs of Wyoming's elderly and disabled citizens. The Wyoming Retirement Center is located in Basin, Wyoming. The Wyoming Retirement Center had 63 residents as of April 30, 2012.

## Standard Budget History

	2005-2006	2007-2008	2009-2010	2011-2012	2013-2014	10 yr. Growth
<b>General Fund</b>	\$10,964	\$10,964	\$5,700,216	\$5,632,816	\$5,369,242	48872%
<b>Other</b>	\$8,209,540	\$9,490,833	\$5,703,721	\$5,685,254	\$6,635,707	-19%
<b>Total</b>	\$8,220,504	\$9,501,797	\$11,403,937	\$11,318,070	\$12,004,949	46%
<b>WDH Positions</b>	103	103	103	103	96	-7%

The department is authorized to deposit all monies and income received or collected by the Wyoming Retirement Center for care of patients into the special revenue fund. The funds collected are used to fund the operation of the Retirement Center. The Governor in the 2007 Supplemental Budget recommended that the Wyoming Retirement Center be funded 50% General Fund and 50% funds deposited into a special revenue fund generated from income received and collected for the care of patients on a fee for service basis.

## What Drives Cost?

Costs are driven by personnel costs and the number of residents. Revenue is driven by the Medicaid rate, occupancy rate, and the percentage of Medicaid clients at the facility.

## 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Retirement Center	-	\$ 5,345,620	\$ 2,818,564

2015-2016: The Wyoming Retirement Center Medicaid reimbursement daily rate is capped at \$158.25. Discussions with Myers and Stauffer, CPA indicate that it is unusual for a state to cap the daily rate of its own facilities. Rather, the state facilities are generally reimbursed their full eligible costs as they are usually "safety net" facilities and don't have the rate mix between Medicaid and private pay that a private facility does. This proposed change represents a reduction in general funds that have been used in the past to supplement lower Medicaid reimbursement rate. This proposal assumes a Medicaid reimbursement rate of \$274.90 per day (assuming 69% of the facility's earmarked revenues are Medicaid). This change will have no impact on clients. Increases to the daily rate charged to private residents are also being explored as a funding source for this facility.

## Income Statement

The budgeted earned revenue of the Wyoming Retirement Center are approximately 55% of total cost as shown in the 2013-2014 budget. Based on the ending income statement for the facility for FY 2011, earned revenue covered 57% of this facility's costs. The WDH is proposing a special revenue fund arrangement for the Pioneer Home and Veterans Home based on the Retirement Center's special revenue fund model.

	<b>2009</b> <b><u>Actual</u></b>	<b>FY 2010</b> <b><u>Actual</u></b>	<b>FY 2011</b> <b><u>Actual</u></b>
<b>Earned Revenue</b>	\$3,096,384	\$3,474,919	\$3,072,749
<b>Total Expenditures</b>	<u>5,256,791</u>	<u>5,389,557</u>	<u>5,328,836</u>
<b>Net Income</b>	\$(2,160,408)	\$(1,914,638)	\$(2,256,087)
 <b>Actual General Fund Subsidy</b>	 \$2,160,408	 \$1,914,638	 \$2,256,087

## Additional Information

The Wyoming Retirement Center is classified as a nursing home, and more specifically as a skilled nursing facility. Nursing home is a term that includes both skilled nursing facilities and nursing facilities. Skilled nursing facilities (SNF) are those that participate in both Medicare and Medicaid. Nursing facilities (NF) are those that participate in Medicaid only.<sup>1</sup>

Nursing homes primarily engage in providing residents skilled nursing care and related services for residents who require medical or nursing care and rehabilitation services for the rehabilitation of injured, disabled, or sick persons.

### Nursing Facilities in The State of Wyoming

Based on the most recent data available from Medicare<sup>2</sup>, there are 38 nursing homes in Wyoming with a capacity of 2,925 certified beds. In November 2011, there were 2,390 residents for a total occupancy rate of 81.7% statewide.<sup>3</sup> Given this occupancy rate, there were 535 beds available throughout the state at the time of the survey.

Of the 38 Wyoming facilities, 32 participate in both Medicare and Medicaid, 4 participate only in Medicaid, and 2 participate only in Medicare. From an access standpoint, Medicaid beneficiaries had access to 95% of facilities consisting of 99% of the certified beds in the state, and there were 529 open beds in Wyoming for Medicaid participants.

In 2010, Medicaid was the primary payor source for 60% of Wyoming certified nursing facility residents. Private and other payors were the second largest with primary responsibility for 27% of Wyoming nursing home residents. Medicare was third with primary responsibility for 13% of Wyoming nursing home residents.<sup>4</sup>

<sup>1</sup> Medicare.gov, glossary of terms.

<http://www.medicare.gov/NHCompare/Static/tabSI.asp?activeTab=2&language=English>

<sup>2</sup> Medicare.gov, <http://www.medicare.gov/Download/DownloadDB.asp?%20language=Englishversion=default>  
Data last updated November 17, 2011

<sup>3</sup> The occupancy rate can fluctuate throughout the year but this information gives a point in time comparison across all facilities.



The table below shows the ownership of facilities in the state of Wyoming.

	Number of Nursing Homes	Number of Certified Beds	Number of Residents	Occupancy Rate
For-Profit	15	1,483	1,204	81.2%
Government-Local (County, City, Hospital Districts)	15	837	713	85.2%
Non-Profit	7	525	409	77.9%
Wyoming Retirement Center	1	80	64	80%

## Medicaid Rates

All nursing home facilities are paid different rates by Medicaid but the average rate for Wyoming is \$165.56 per day per resident, or \$60,429 per year. The Wyoming Retirement Center receives a Medicaid rate of \$158.25 per day and 92% of its residents are Medicaid recipients (as of May 2012).

The Wyoming Medicaid rate for each facility is based on the lowest of three possible rates: a “maximum limit” rate, the private payer rate for that facility, and a cost based rate. The overall maximum limit rate is the rate from a predetermined base year (currently 2005) inflated to the current rate year. The provider's rate cannot exceed that base year limitation. The maximum limit rate was put into place by Wyoming Medicaid to control cost growth in the nursing home program. The private payer rate is what the facility would charge a private payer. The cost based rate considers the costs that a nursing home is incurring as part of rate setting.

The current Medicaid rate methodology is particularly punishing to the Wyoming Retirement Center as its current Medicaid rate is limited to its maximum limit rate based on its 2005 rate. The actual rate the Wyoming Retirement Center receives only covers 79% of what it would receive under the cost based calculated rate (worst in state) and 60% of its actual costs (fifth worst in state). This compares to the average for Wyoming of 93% of cost calculated rate and 85% of actual costs.

<u>Provider Name</u>	<u>Actual Costs</u>	<u>Calc Rate</u>	<u>Max Limit Rate</u>	<u>Private Pay Rate</u>	<u>Actual Medicaid Rate Paid</u>	Actual Medicaid Rate Vs. Calculate d Cost Based Rate	Actual Medicaid Rate Versus Actual Costs
Worland Health Care & Rehab	146.16	148.16	133.40	161.65	133.40	90%	91%
Wind River Healthcare	145.94	146.50	139.89	181.90	139.89	95%	96%
Sage View Care Center	155.87	156.51	142.36	163.63	142.36	91%	91%
So. Central WY Healthcare	161.29	160.45	145.65	203.42	145.65	91%	90%
Bonnie Bluejacket N/H	155.17	147.22	145.76	160.00	145.76	99%	94%
Thermopolis Rehab & CC	154.08	155.44	146.41	163.50	146.41	94%	95%
Poplar Living Center	145.27	147.27	154.68	192.62	147.27	100%	101%

<sup>4</sup> Kaiser State Health Facts, Distribution of Certified Nursing Facility Residents by Primary Payer Source, 2010, Wyoming, <http://www.statehealthfacts.org/comparebar.jsp?ind=410&cat=8>

# Wyoming Retirement Center

Wyoming  
Department of  
Health

Sheridan Manor	154.24	156.24	148.19	206.87	148.19	95%	96%
Laramie Care Center	167.67	165.05	148.92	205.12	148.92	90%	89%
Crook Co. Nursing Home	160.75	155.30	149.68	162.00	149.68	96%	93%
Westward Heights N/H	158.99	160.06	155.12	178.69	155.12	97%	98%
Cheyenne Healthcare	153.70	155.70	158.56	209.53	155.70	100%	101%
Douglas Care Center	156.85	157.21	115.55	165.47	157.21	100%	100%
Goshen Care Center	157.87	158.76	157.69	166.89	157.69	99%	100%
<b>Wyoming Retirement Center</b>	<b>261.85</b>	<b>200.93</b>	<b>158.25</b>	<b>167.00</b>	<b>158.25</b>	<b>79%</b>	<b>60%</b>
Morning Star Care Center	189.62	190.63	159.59	163.65	159.59	84%	84%
Valley View Rehab & CC	173.15	168.15	160.03	180.04	160.03	95%	92%
Mountain Towers Healthcare	158.86	160.19	162.46	181.53	160.19	100%	101%
Westview Health Care Ctr	177.10	173.59	165.11	205.70	165.11	95%	93%
Sublette Center	270.96	203.21	168.32	176.88	168.32	83%	62%
Shepherd of the Valley	181.97	183.97	171.50	185.76	171.50	93%	94%
LCC of Casper	175.04	173.47	172.67	177.77	172.67	100%	99%
Weston Co. Manor	198.61	190.46	173.34	184.50	173.34	91%	87%
Pioneer Manor	213.04	205.77	173.78	180.00	173.78	84%	82%
LCC of Cheyenne	194.16	194.53	179.47	220.01	179.47	92%	92%
New Horizons Care Center	192.06	192.93	179.70	187.32	179.70	93%	94%
Star Valley Hosp & N/H	218.07	198.84	181.31	180.64	180.64	91%	83%
Platte Co. Memorial N/H	320.83	207.04	181.29	184.00	181.29	88%	57%
Rocky Mtn Care - Evanston	184.93	186.21	170.63	186.50	181.83	98%	98%
Castle Rock Convalescent	224.20	203.94	183.07	201.65	183.07	90%	82%
Powell Nursing Home	235.53	207.51	183.47	185.00	183.47	88%	78%
West Park Hosp. LTC Center	220.80	202.95	186.25	200.00	186.25	92%	84%
Ivinson Mem. Hosp. LTC	1,012.85	207.28	186.41	683.00	186.41	90%	18%
Amie Holt Care Center	227.43	207.43	186.56	193.90	186.56	90%	82%
MHCC Care Pavilion	323.13	207.49	186.62	197.00	186.62	90%	58%
St. John's Hospital	326.12	207.72	186.85	196.46	186.85	90%	57%
So. Lincoln Nursing Center	256.01	208.30	187.43	196.28	187.43	90%	73%

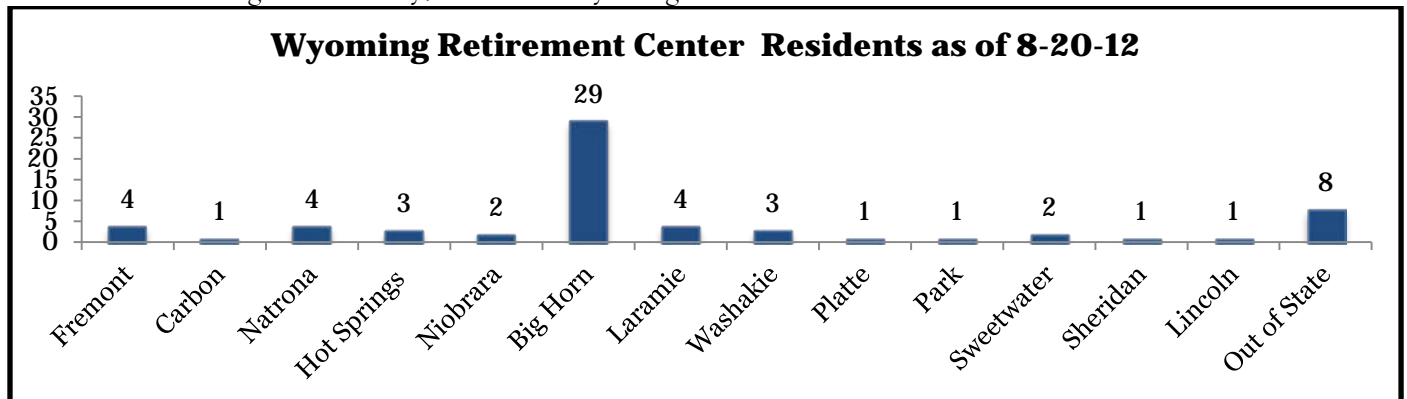
It is important to note however that some nursing homes, including the Wyoming Retirement Center, are subsidized outside the rate structure while most private probably do not have this non-rate source of funds.

## Percentage of Medicaid Clients as a Share of Facilities Total Clients

The Wyoming Retirement Center has 92% of its residents coming with Medicaid as the primary payor. The average for Wyoming nursing homes is 62% of patient days with Medicaid as the primary payor. This is important because the average amount spent on a private rate per patient day \$191.90 (in 10/1/2009) and the average amount received on a Medicaid rate was \$164.03 (in 10/1/2009). This 17% rate difference means that a private payor resident was worth \$70,043 of revenue and a Medicaid resident was worth \$59,871, or a difference of \$10,172 per resident per year.

## Where Do Wyoming Retirement Center Residents Come From?

As of August 20, 2012 the Wyoming Retirement Center had a total of 64 residents. Of these, 29 residents or 45.3% were from Big Horn County, where the Wyoming Retirement Center is located.





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## Program Description

The Information Technology (IT) unit pays for staffing and technology to support the operations of the Department of Health. This operation has seen a great deal of change with all staffing moving from the WDH to the Office of the Chief Information Officer (OCIO) in 2012.

## Standard Budget History

	2005-2006	2007-2008	2009-2010	2011-2012	2013-2014	10 yr. Growth
<b>General Fund</b>	NA	NA	\$1,164,626	\$4,292,245	\$4,873,531	NA
<b>Federal/Other</b>	NA	NA	\$-	\$503,002	\$293,989	NA
<b>Total</b>	NA	NA	\$1,164,626	\$4,795,247	\$5,167,520	NA
<b>WDH Positions</b>	NA	NA	6	23	23	NA

## What Drives Cost?

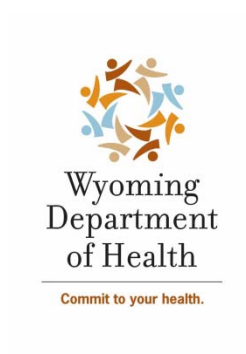
The number of employees and salary and benefit costs for these employees, as well as technology costs for capital replacement, investment and maintenance of IT systems. The growth over the period was due to IT staff, purchases, and functions being consolidated over time from throughout disparate parts of the organization.

## 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Information Technology	\$ 100,000	\$ 5,074,471	\$ 969,785

2014 Cuts: This reduces some maintenance fees and other services.

2015-2016 Cuts: This will reduce all WDH costs for maintenance of certain applications, and is based on the assumption that enterprise solutions will be available through the OCIO by the 2015-2016 biennium.



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## Program Description

The Maternal and Family Health unit focuses on women of reproductive age (15 to 44 years), infants, children, and youth, including those with special health care needs. The Maternal and Family Health unit is a collection of functions related to this population. Each program has a different set of funding sources, but for all parts combined Maternal and Family Health is funded 43.5% from state general funds for the 2013-2014 biennium.

## Standard Budget History

	2005-2006	2007-2008	2009-2010	2011-2012	2013-2014*	10 yr. Growth
<b>General Fund</b>	\$5,307,537	\$5,144,063	\$5,140,793	\$4,360,633	\$4,456,070	-16%
<b>Federal/Other</b>	\$3,422,000	\$3,584,036	\$3,655,409	\$4,144,240	\$4,126,799	21%
<b>Total</b>	\$8,729,537	\$8,728,099	\$8,796,202	\$8,504,873	\$8,582,869	-2%
<b>WDH Positions</b>	18	17	16	15	12	-33%

\*A new grant was accepted for nurse home visiting in the final appropriation for FY 2013-2014 that shifted General Fund to \$4,341,243 (43.5%), and federal/other to \$5,635,671 (56.5%).

## What Drives Cost?

Total costs for this unit are slightly less than in the 2005-2006 biennium and General Fund costs are down 16% before the 2014 and proposed 2015-2016 cuts. Grants to counties for nursing represent 54% of the General Fund expenditures in the Maternal and Family Health unit.

## 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Maternal and Family Services	\$ 88,600	\$ 4,341,424	\$ 476,557

2014 cuts: This will reduce out-of-state travel, county block grants, a part-time position, and home visitation funds for public health nursing.

2015-2016 Cuts: The Maternal and Family Health program is looking at several alternatives to reduce the impact of budget cuts on clients. The 200 series will be reduced by \$56,748 resulting in reduced travel and training for staff.

The General Fund grants and direct services will be reduced by \$315,695 as shown below:

- \$3,000-Telehealth maintenance is no longer needed as WDH owns a teleconference bridge.
- \$4,800-Only one county uses this incentive which MFH established when presumptive eligibility was initiated by Medicaid.
- \$95,000-FY11-12 data indicates that total expenses for high-risk mothers and infants were less than \$20,000. \$135,000 had been budgeted for the biennium.
- \$95,000- 10% reduction in county block grant funds. Counties spend this money to provide additional public health nursing services for women, children and infants. The service impact will depend on how the counties apply the reductions, which potentially includes staff reductions.
- \$117,895-Eliminate General Funds for discretionary projects and contracts, such as SafeKids Wyoming.

## 2015-2016 General Fund Cuts Proposed Continued

Contractual services will be reduced by \$104,115, eliminating funding allocated for temporary positions and a reduction in the genetics clinic contract amount.

Contractual Services (900 series):

- \$72,690-MFH eliminated temporary positions in BFY11.
- \$31,425-Encourage the use of telehealth to reduce need for number of clinics. Encourage more use of telehealth and offer fewer in-person services.

The General Fund budget programs and cuts are shown below:

Sub-Program	Admin.	Perinatal	Children's Special Health	Counties (Nursing)	Special/ Discretionary Projects	Epidemiology	GF Total
2013-2014 General Fund Budget Final	\$736,073	\$158,882	\$559,960	\$2,355,006	\$ 117,895	\$ 413,608	\$4,341,423
Percent of General Fund Budget	17%	4%	13%	54%	3%	10%	
2015-2016 Cuts	\$106,748	\$98,000	0	\$99,800	\$117,895	\$54,115	\$ 476,557

## Maternal and Family Health 2013-2014 General Fund Expenditures by Sub Program

This section describes General Fund expenditures only.

### Maternal and Family Health Administration (\$736,073)

These funds provide salaries for the Maternal and Family Health (MFH) section chief and administrative assistant positions, office supplies and equipment, travel for county site audit visits and out-of-state conferences. The funds also support training opportunities for public health nurses (PHN) on MFH related topics.

### Perinatal (\$158,882)

The majority of these funds support travel and medical care for high risk pregnant mothers and infants requiring care in out-of-state Level III facilities. The funds also cover travel for state site visits to the counties, and registration and attendance at conferences focusing on perinatal services for PHN and school nurses. Funding also is used for grants to assist with reproductive health services and nurse home visitation.

### Children with Special Health Care Needs (\$559,960)

\$450,450 is to conduct genetics clinics held throughout the year around the state. \$55,550 is allocated for diagnostic evaluations, lab work, x-rays, medical treatment, hospitalization, some equipment and medications when Medicaid or private insurance do not cover the service, based on the child's financial and diagnostic eligibility. The remaining funds are used for mailings and travel to meetings, trainings and cleft palate clinics.

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## Maternal and Family Health 2013-2014 General Fund Expenditures by Sub Program Continued

### County Block Grants offered to County Public Health Nurse Offices (\$2,355,006)

Counties apply annually for block grant funds for Public Health Nurse salaries to provide services for mothers, infants and children with special health care needs, and funding for materials and supplies.

### Special/Discretionary Projects (\$117,895)

These funds provide mini-grants in amounts ranging from \$1,500-\$7,500 to various organizations and agencies based on the applicant's proposal which describes the project's relation to and impact on the state's MFH health priorities.

### Epidemiology (\$413,608)

Approximately \$360,000 of the funds are used for MFH epidemiology section staff and intern salaries. The remainder is split between supplies, printing and computer software used for analysis.

## Maternal And Family Health Expenditures By Funding Source

The Maternal and Family Health area is composed of General Fund, Newborn Screening (funded by fees) and Federal programs. The 2013-2014 final budget breakout by funding source is shown below:

	General Fund	Newborn Screening Fees	Federal	Total	% of Total
<b>Personnel</b>	\$731,807	\$66,492	\$1,036,377	\$1,834,679	18%
<b>Grants</b>	3,117,882	1,021,500	1,747,020	5,886,403	59%
<b>Contractual</b>	106,043	85,200	1,417,949	1,609,193	16%
<b>All Other Series</b>	385,689	25,772	235,358	\$646,819	6%
<b>Total</b>	\$4,341,423	\$1,198,964	\$4,436,705	\$9,977,094	

## Clients Served

This program serves pregnant women, children, and women of reproductive age. From MFH's 2012 Title V application report (2010 results), the number of people served are:

- Pregnant women - 7,789
- Infants (under 1 year of age) - 11,086
- Children (1 to 22 years old) - 55,359
- Children with special health care needs - 1,613
- Others (family planning clients under 22 years of age who are not pregnant) - 7,115

Total persons served: 82,962



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## Facility Description

The Wyoming Pioneer Home is licensed as an assisted living facility and established in 1947 with a mission to provide a secure, dignified, independent life style for Wyoming's income limited senior residents who voluntarily seek admission into the Pioneer Home. The Pioneer Home is located in Thermopolis, Wyoming. The original intent of the Wyoming Pioneer Home was to serve as a safety net for those persons in need of an assisted living facility. Admission is determined by age, resident census and physical condition of the applicant. To apply, an applicant must be 55 years of age or older, able to ambulate themselves to and from the restroom, as well as dress on their own, only needing minimal help with buttons, socks or shoes. Assistance with some Activities of Daily Living (ADLs) is provided.

This facility has budgeted staffing of 32 positions and personnel costs represents about 88% of budgeted expenditures for the facility.

## Standard Budget History

	2005-2006	2007-2008	2009-2010	2011-2012	2013-2014	10 yr. Growth
<b>General Fund</b>	\$2,726,135	\$3,328,726	\$3,926,167	\$4,001,022	\$4,357,787	60%
<b>Federal/Other</b>	\$0	\$0	\$248,500	\$248,500	\$336,850	-
<b>Total</b>	\$2,726,135	\$3,328,726	\$4,174,667	\$4,249,522	\$4,694,637	72%
<b>WDH Positions</b>	30	30	30	30	32	7%

This program generates revenue through user charges. As of the FY 13-14, the Pioneer Home does not fully reflect revenue earned from these other sources.

## What Drives Cost?

The number of residents, staffing levels, and staffing cost (wages and benefits) drive costs. An issue particular to WDH residential facilities, such as the Veteran's Home and the Pioneer Home, is that the revenue they earn reverts directly to the General Fund and is not budgeted as earned revenue. This obscures improvements made in securing non-General Fund revenue sources as a funding source for this facility. Another issue is reduced capacity due to renovations which reduces revenue generation potential and increases the fixed cost borne per resident.

## 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Pioneer Home	-	\$ 4,349,394	-

No cuts are currently proposed for this facility as this facility is currently undergoing a review of operations to identify efficiency improvements. However, the WDH proposes accounting for this facility's earned revenue similar to the Wyoming Retirement Center. Doing so would reduce the budgeted general funds by approximately \$1,100,000 per biennium, while also creating a greater incentive to focus on increasing earned revenue. Increases to rent charged to residents are also being explored as a funding source for this facility.

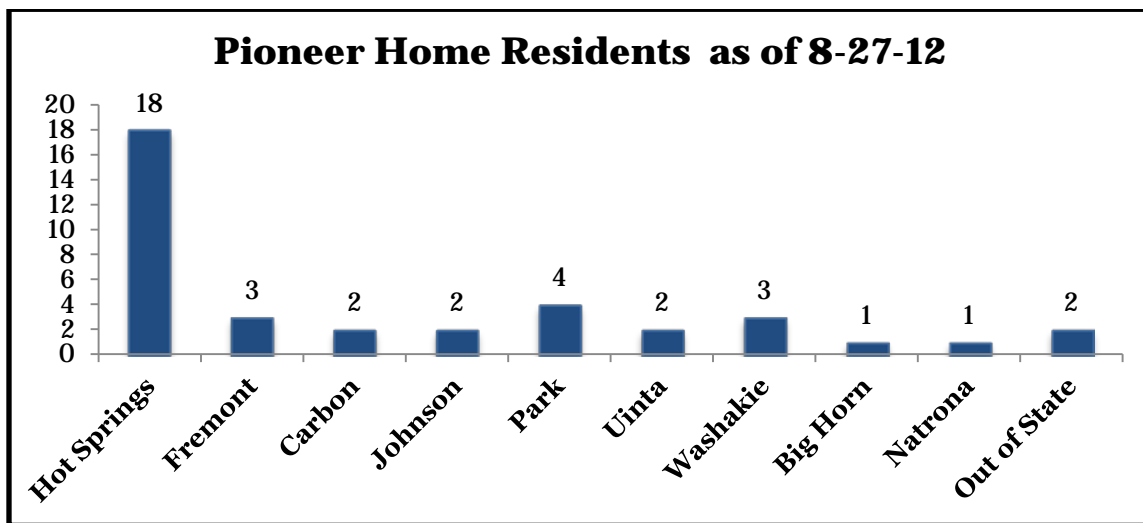
## Renovations

The Pioneer Home is currently under renovation. The renovation began December 12, 2010 and was expected to be completed by December 31, 2012. However, during renovations further deterioration of the building was discovered which may extend completion of the project by three to six months. However, all renovation will be complete by the end of FY 2013.

The current facility capacity, due to renovations, is 39 residents and the capacity after renovation is completed will be 60 residents. The Pioneer Home had 39 residents as of April 30, 2012. Based on this resident level (39 residents), the budgeted average cost per client per year at this facility for the 2013-2014 biennium is \$54,646. The lower capacity due to renovation and the resulting lower average resident level have a great impact on average costs per resident. For instance, at 60 residents the estimated average cost per resident would be \$35,520.

## Where do Clients Come From?

As of August 27, 2012 there were a total of 38 residents at the Pioneer Home. About half of these residents were from Hot Springs County, where the Pioneer Home is located.



Hot Springs	Fremont	Carbon	Johnson	Park	Uinta	Washakie	Big Horn	Natrona	Out of State
47.37%	7.89%	5.26%	5.26%	10.53%	5.26%	7.89%	2.63%	2.63%	5.26%
18	3	2	2	4	2	3	1	1	2

### Rate Charged Per Client and Cost-Sharing Rules

The monthly user fee is determined by a person's ability to pay, and is calculated according to their total assets and monthly income. Presently, it ranges from \$0-\$1,600 per month for single occupancy.

The Wyoming Pioneer Home has the following cost sharing rules:

- If the resident has assets of more than \$10,000, the resident pays the maximum charge. The current maximum charge is \$1,600 per month, or \$19,200 per year. Based on a 2012 survey by Genworth Financial<sup>1</sup>, the Wyoming median rate for a one bedroom, single occupancy room at a private Assisted Living Facility was \$3,298 per month in 2012, or \$39,570 per year.
- If the resident has assets less than \$10,000 the monthly user fee is established by a formula. The formula provides for the resident to pay 85% of their monthly income reduced by \$65.00 and reduced by any healthcare insurance premiums that are being paid up to the maximum charge of \$1600.

Examples:

- $(\text{Income} - \$65.00 \times .85 = \text{Monthly maintenance})$ -- Income of \$1000 would be calculated--  $\$1000 - \$65 \times .85 = \$794.75$  Rounded up to \$795.00.
- Gross Income of \$1000 with \$100 Part B Medicare Premium--  $(\$1000 - \$100 - \$65) \times .85 = \$709.75$  Rounded up to \$710.00.

### Income Statement & Accounting for Revenue

Based on the ending income statement for the facilities for FY 2011, earned revenue covers approximately 30% of this facility's costs rather than the approximately 7% of earned revenue cost coverage shown in the budget based on the current policy for this facility.

	<u>FY 2009 Actual</u>	<u>FY 2010 Actual</u>	<u>FY 2011 Actual</u>
<b>Total Earned Revenue</b>	\$685,771	\$760,967	\$692,064
<b>Total Expenditures</b>	<u>2,191,243</u>	<u>2,414,434</u>	<u>2,289,539</u>
<b>Net Income</b>	\$(1,505,472)	\$(1,653,638)	\$(1,597,475)
 <b>Actual General Fund Subsidy</b>	 \$1,505,472	 \$1,653,638	 \$1,597,475

<sup>1</sup> Genworth 2012 Cost of Care Survey. <http://www.multivu.com/assets/54344/documents/2012-Cost-of-Care-Survey-original.pdf>



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## Program Description

Prevention efforts to decrease the occurrence of substance abuse and suicide in Wyoming's children and families, in each county, had been supported through local subcontracts that address issues and problems identified through a local assessment of data and needs. In FY13-14, substance abuse and suicide prevention services were coordinated through a single fiscal agent, or Prevention Management Organization, to improve efficiency and service provision.

## Standard Budget History

This program previously was part of the Behavioral Health Division and has recently been separated into a new unit and transferred to the Public Health Division. Therefore there is no standard budget history for this unit.

## What Drives Cost?

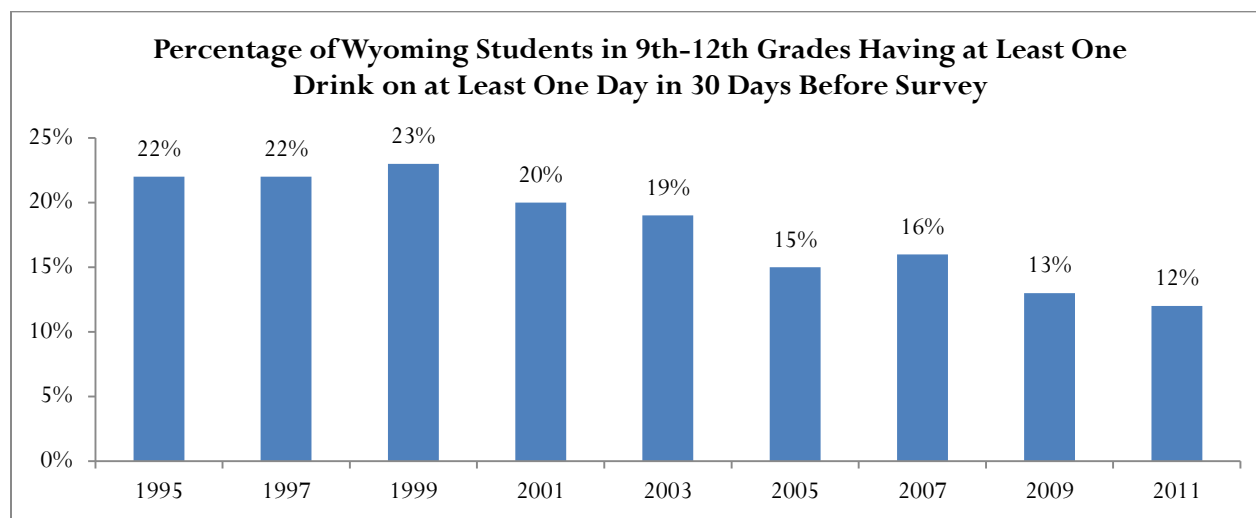
The number of prevention specialists and activities funded through the Prevention Management Organization.

## 2015-2016 General Fund Cuts Proposed

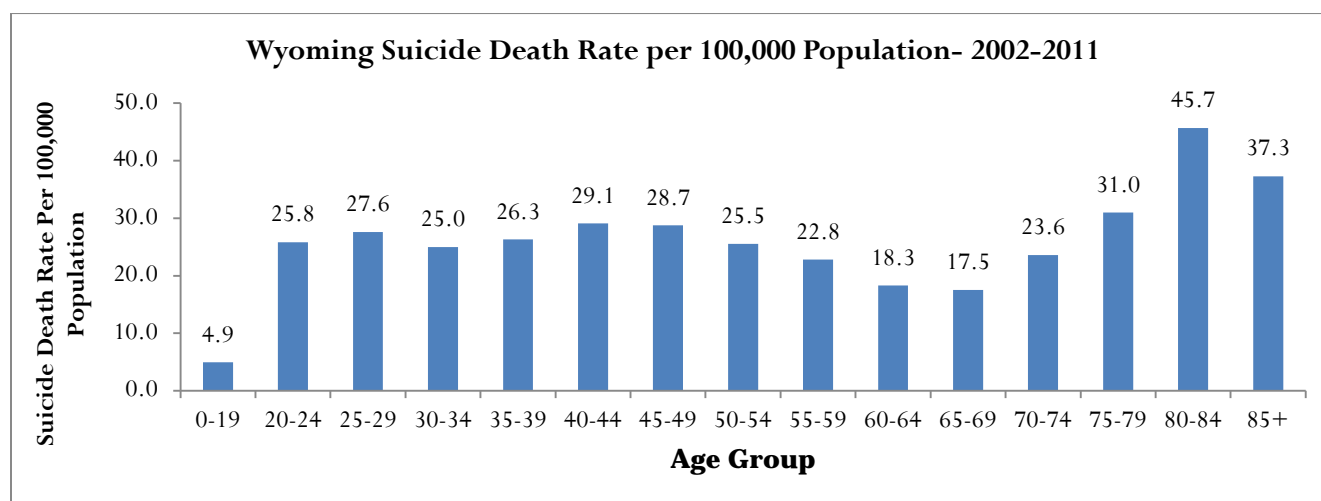
Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Substance Abuse and Suicide Prevention	-	4,258,430	468,427

2015-2016 Cuts: Funding to the Prevention Management Organization for the provision of community-based substance abuse and suicide prevention services will be reduced in the amount of \$368,427. These reductions will be from funds currently obligated under the Core Prevention contract with the Community Resource Center of Johnson County to establish and implement a statewide Prevention Management Organization for substance abuse and suicide prevention. At this time, it is anticipated that the proposed budget cut will not require reductions in community program staff below current levels, or that such reductions will be only minimal. Additionally, it is proposed to utilize funding in the amount of \$100,000 that was originally earmarked for program evaluation. It is not anticipated that this reduction will significantly affect the overall value of program evaluation services; however, any deeper cuts for program evaluation likely will result in diminished evaluative outcomes for prevention.

The most prevalent substance abuse problem in Wyoming is alcohol abuse. One way the Substance Abuse and Suicide Prevention Program focuses on this issues is through evidence-based programs and best practices to reduce alcohol use among minors. Based on the Wyoming Youth Risk Behavior Survey, the percentage of Wyoming students that reported having at least one drink of alcohol (on at least one day during the 30 days before the survey) has declined significantly from 1995 to 2011.



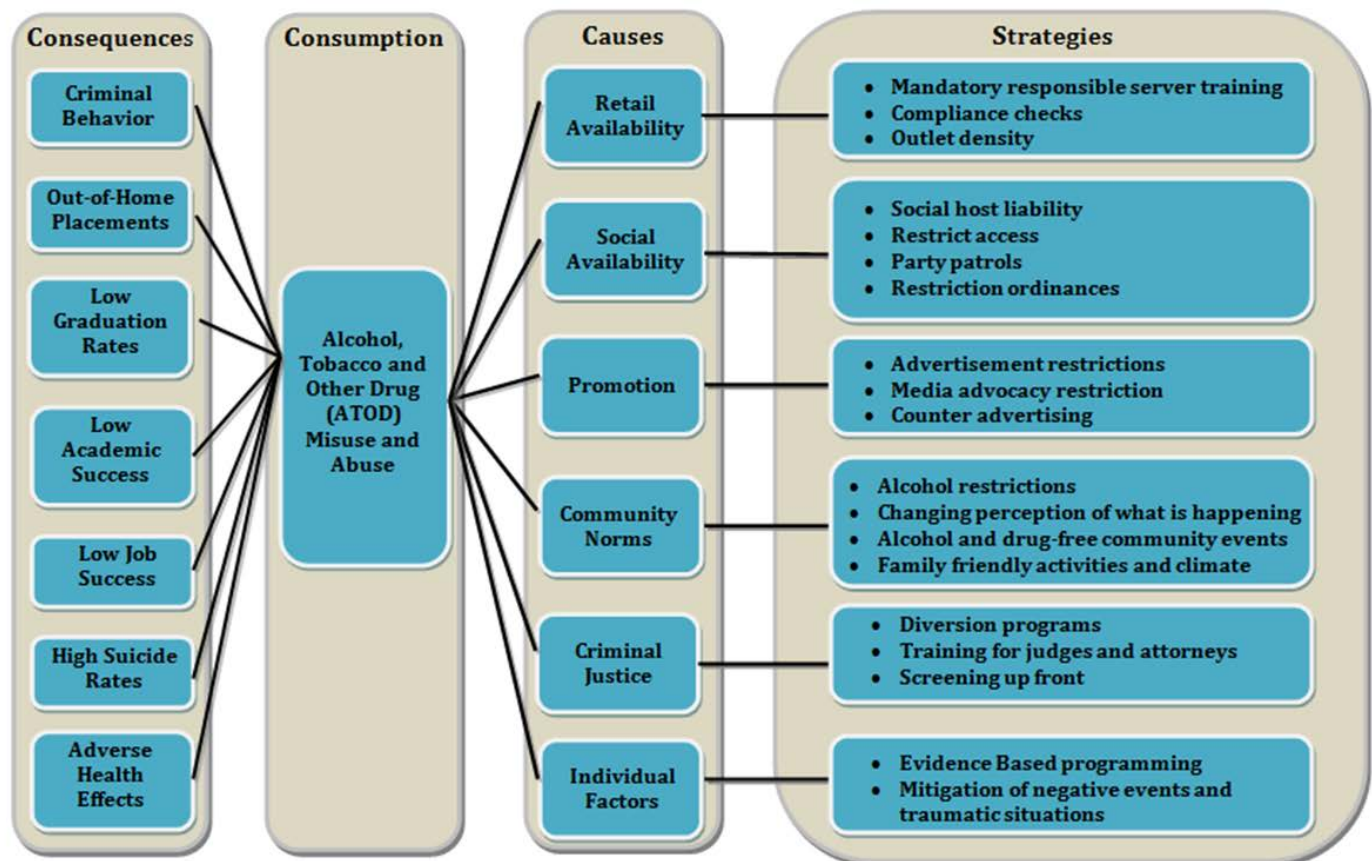
Harmful consequences related to substance abuse and misuse include suicide, addiction and mental illness. Suicide is a major cause of preventable death nationally and in Wyoming. Wyoming's suicide death rate from 2002-2011 was 20.43 per 100,000 population, which is higher than the national average of 11.47 suicide deaths per 100,000 population in 2007.<sup>1</sup> Suicide is a problem that touches all age groups in Wyoming and accounted for 1,089 deaths in Wyoming from 2002-2011.



<sup>1</sup> From National Center for Injury Protection and Control. 2007, United States Suicide Injury Deaths and Rates per 100,000. All Races, Both Sexes, All Ages ICD-10 Codes: X60-X84, Y87.0,\*U0. This represents the most recent year available from this database. <http://www.cdc.gov/injury/wisqars/facts.html>.



The Substance Abuse and Suicide Prevention Program provides funding for community-based substance abuse prevention strategies to reduce consumption of alcohol, tobacco, and other drugs that are abused and misused. Reducing consumption helps reduce the negative consequences of substance abuse and misuse such as criminal behavior and adverse health effects. The logic model used to guide communities in developing data-driven, evidence-based programs and practices is set forth below.





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## Program Description

The Court Supervised Treatment Programs (CST Programs) are operated for the purpose of providing sentencing options for the judicial system in cases involving substance abuse, by combining judicial supervision, probation, and substance abuse treatment to participants.

There are 20 funded CST Programs (11 adult; 3 juvenile; 1 DUI; 3 adult/juvenile mix; and 2 Tribal Wellness). The term drug court was changed to CST Program in 2009 with the enactment of the new Court Supervised Treatment Program Act and is better reflective of the actual services provided by these programs.

For the 2013-2014 biennium, this unit is funded 44.8% from the General Fund, 53.5% from the tobacco settlement trust fund, and 1.6% from other funds.

## Standard Budget History

	2005-2006*	2007-2008*	2009-2010	2011-2012	2013-2014	10 yr. Growth
<b>General Fund</b>	\$3,000,000	\$4,200,000	\$4,313,385	\$4,312,110	\$4,152,889	38%
<b>Tobacco/Other</b>	\$4,700,000	\$4,800,000	\$4,800,000	\$4,800,337	\$4,952,417	5%
<b>Total</b>	\$7,700,000	\$9,000,000	\$9,113,385	\$9,112,447	\$9,105,306	18%
<b>WDH Positions</b>	NA	NA	2	2	2	-

\*The “drug court” program began in 2002 but was established as an independent unit called Court Supervised Treatment in 2009. Before that time, expenses for the program were contained in Substance Abuse Control Plan unit. Expenses for 2005-2006 and 2007-2008 have been added for comparison purposes.

## What Drives Cost?

The number of courts and the number of slots funded are the main determinants of cost to this program. Costs have been stable in this program because the number of programs and funded slots have been limited based on the allocated budget, rather than on demand for services.

The funding model is set at \$9,848.86 per adult “slot” and \$12,938.15 per juvenile “slot” for FY 2011 and FY 2012. There were 393 “slots” funded in FY 2011 and 360 in FY 2012. There were 584 unique adult participants, and 124 juvenile participants served in FY11. There were 708 unique participants receiving court supervised treatment under this program in FY 2011 within the 393 slots funded.

## 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Drug Courts	\$ 247,184	\$ 3,768,174	\$ 447,184

## 2014, 2015-2016 General Fund Cuts Proposed continued

Due to existing state statute, the only immediate option to reducing the budget for drug courts is to reduce the funding allotment. The result is a corresponding decrease of clients served due to the reduced funding. One possible redesign is to change the funding model for these services.

However, this program has been working on evaluating the effectiveness and efficiency of the drug courts around the state, and provides technical assistance to drug courts whose per client cost is identified as significantly higher than the average cost by court. This evaluation and subsequent provision of technical assistance where needed has already resulted in courts achieving operational efficiencies, resulting in more people being served with existing funding.

## Additional Information

### Court Supervised Treatment Programs in Wyoming

The term drug court was changed to CST Program in 2009 with the enactment of the new Court Supervised Treatment Program Act and is better reflective of the actual population served by these programs, which include alcohol related offenses such as DUI offenses or minor in possession.

#### History:

FY08 – 23 funded; 1 non-funded  
FY09 – 20 funded; 1 non-funded  
FY10 – 20 funded; 1 non-funded  
FY11 – 20 funded; 1 non-funded  
FY12 – 20 funded; 1 non-funded

All courts shown above are monitored for adherence to Court Supervised Treatment Program Act by the program manager, regardless of funding status.

In addition, a pilot non-substance abuse family program in Big Horn County was in place from FY 2009 to FY 2011, when the legislature decided not to fund the pilot further. However, while the pilot was monitored by the Court Supervised Treatment unit, the funding was never directly added to this unit.

### Legislation Changes

In 2002, the legislature approved funding for the drug courts through HB 82. At the same time, Wyo. Stat. §5-10-101 et. seq. became law. In July 1, 2009, the CST Program Act became law. The Act put the CST Programs in alignment with recommendations from previous reports and studies. This effort attempted to standardize court supervised treatment programs in the State of Wyoming through legislation based on best-practices, proven methodology, and an established set of outcomes.

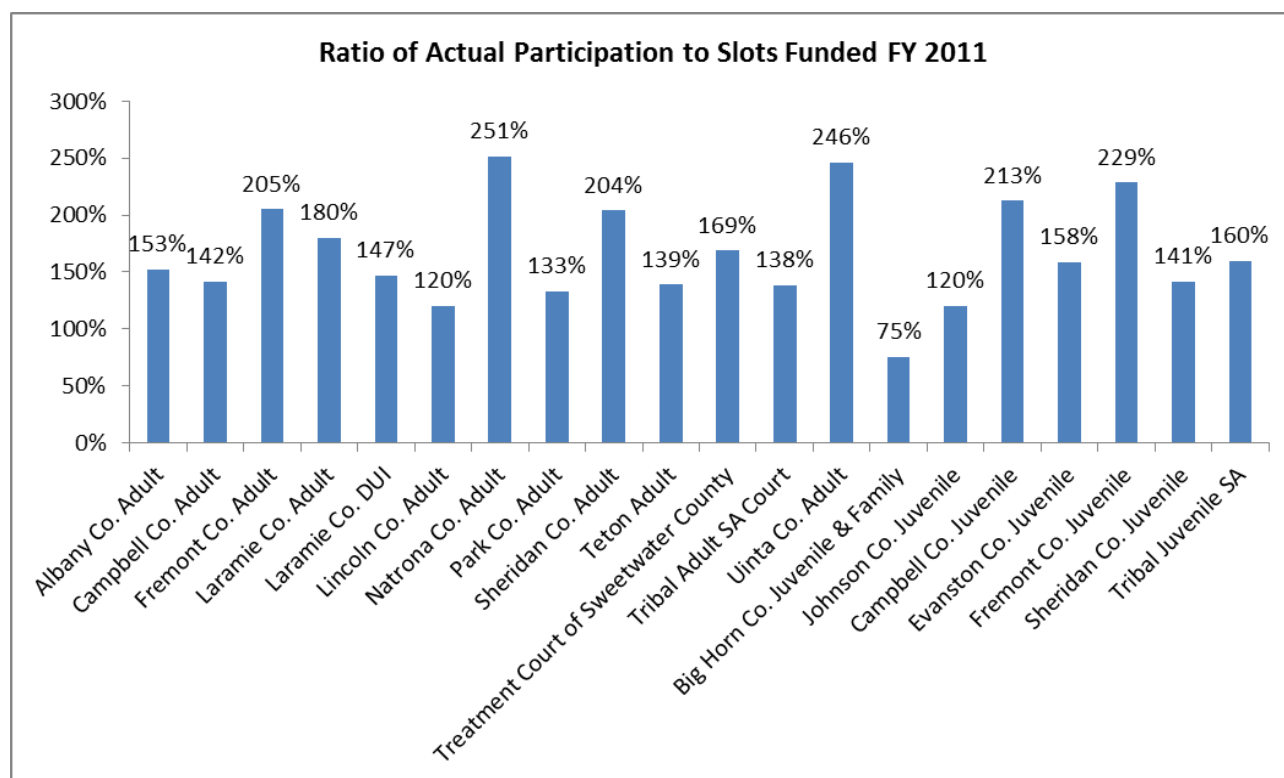
## Change in Number of Court Supervised Treatment Programs

This program is voluntary and governing bodies must opt-in to the program. There have been some programs that were not funded due to low numbers since FY 2008. Additional programs that applied could not be funded due to lack of funding.

## Number of Participants

There were 708 unique participants receiving court supervised treatment under this program in FY 2011 but 393 slots funded. Almost all programs serve many more actual participants than their funded slots, while only one served fewer.

However, all programs are required to serve at least the number of people paid for by “slots” and to meet other performance standards established by the program. The Court Supervised Treatment program is monitored by a program manager and a Drug Court Panel. When agreed upon performance does not occur, these programs are first given technical assistance and may not be funded in future years if participation remains low.



## Average Cost Per Actual Participant

The funding model is set at \$9,848.86 per adult “slot” and \$12,938.15 per juvenile “slot” for FY 2011 and FY 2012. However the average cost per participant was approximately \$5,500 per participant in FY 2011, which reflects the impact of larger courts that have reached economies of scale as well as efficiency of the programs in serving more clients than required.

Prior to FY08, there were significant inaccuracies in the actual participant counts, which could have caused resources to be allocated inefficiently, as the “slots” become disconnected from actual service provision. Since FY08, the accuracy of the reporting has improved, and as of FY09, the numbers reported in the data system are reflective

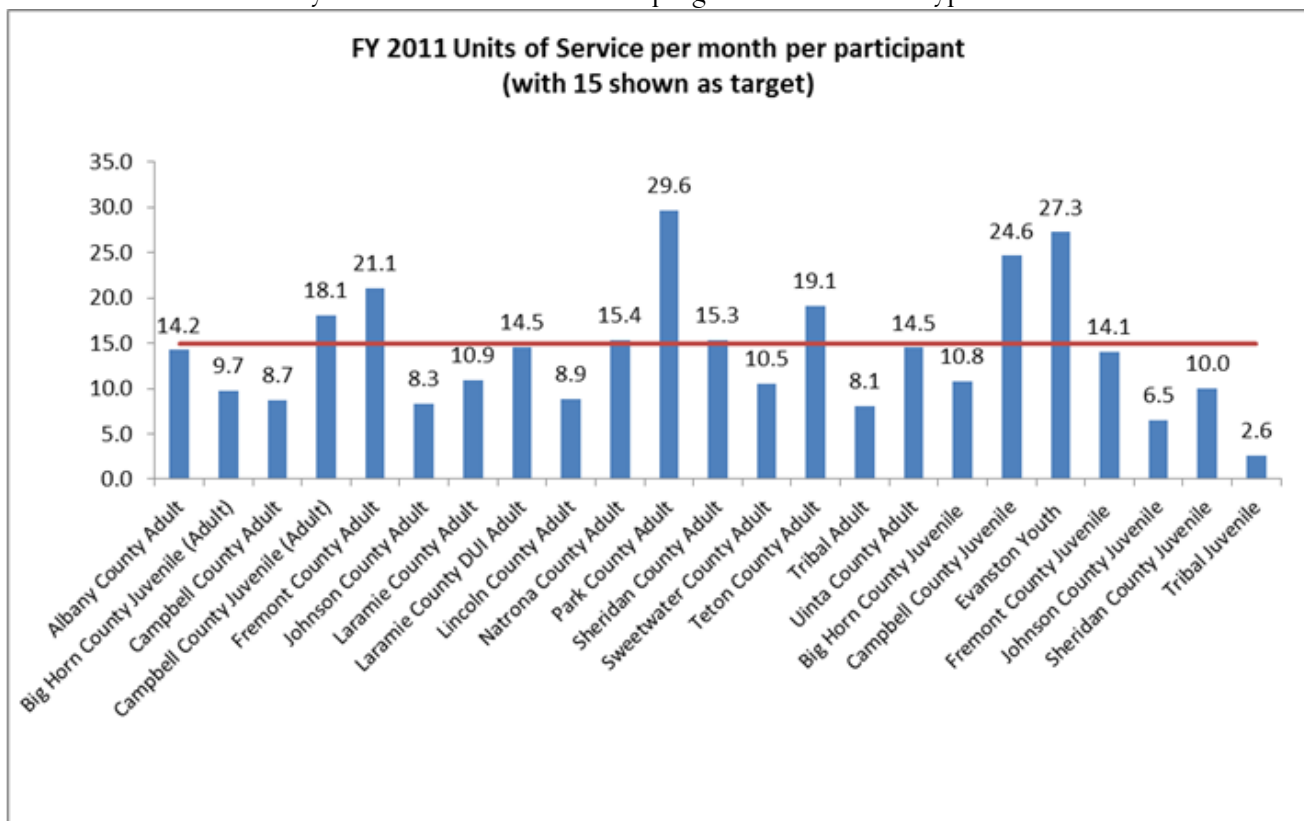
of the actual participants served. Also, the 2008 funding model incorporated actual participation counts in determining the per person amount, and this per person amount may have been inflated if actual participation was under reported. The 2009 amendment to the funding formula and the 2013 amendment which will be rolled out in January 2013 have helped to more accurately represent the number of participants served in the funding formula.

## Services Performed

There were 38,416 drug tests performed in this program in FY 2011. There were also 31,603 supervision contacts, 31,124 treatment sessions, and 28,800 ancillary services provided to participants.

In total, this was 129,943 unique events or units of service provision. On average, each unique participant received 15.18 units of service or contacts with some aspect of this program per month. Overall, the Court Supervised Treatment program is within the target based for this program of 15-20 units of service per participant per month, which is an evidence-based standard for effective treatment levels (supervision, treatment, drug tests, ancillary services).

The highest producing programs are able to serve a high number of actual participants and serve these participants with at least the 15 units of service per participant per month. While all programs except one served 100% or more actual participants in the slots they were awarded in FY 2011, 12 of the twenty programs met or were close (above 14) to the standard of 15 units of service per month. Reporting and data entry practices in the case management system this has been an area of focus for improvement and incomplete entry may contribute to the eight programs that did not meet the 15 units of service standard. The program manager reports that proper recordkeeping in the system has led to a higher number of units of services being reported in FY 2012. This variation may also be attributed to the availability of services available in each program’s area and the types of service available.



### Program Description

The Wyoming Public Health Laboratory consists of the Chemical Testing, Microbiology Testing, and Bioterrorism Response Programs.

The chemical testing program analyzes samples for drugs and alcohol. The program supports drug testing for Department of Corrections, Department of Family Services, Drug Courts, law enforcement and local community agencies and alcohol testing for law enforcement and state agencies under W.S. § 31-6-105; 35-7-1007. The Public Health Lab also manages the state intoximeter program which supports alcohol breath testing for law enforcement.

The microbiology program provides testing for reportable diseases supporting Public Health infectious and communicable disease programs; clinical laboratories, medical facilities, EPA drinking water sites and public health offices. The Bioterrorism Response Laboratory provides laboratory testing for agents and surge capacity for emerging diseases.

Approximately 70% of the Public Health Lab is funded from state general funds for the 2013-2014 biennium. Other sources of revenue include charges for services and federal grants.

### Standard Budget History

	2005-2006	2007-2008	2009-2010	2011-2012	2013-2014	10 yr. Growth
<b>General Fund</b>	\$2,465,170	\$2,828,007	\$3,402,203	\$3,293,079	\$3,679,956	49%
<b>Other</b>	\$199,778	\$284,227	\$1,430,504	\$1,639,282	\$1,501,540	652%
<b>Total</b>	\$2,664,948	\$3,112,234	\$4,832,707	\$4,932,361	\$5,181,496	94%
<b>WDH Positions</b>	19	20	21	22	22	16%

### What Drives Cost?

The primary costs during the 2013-2014 biennium at the public health lab are personnel (66.6% of total costs) and laboratory supplies (17.3% of total costs). This operation has been able to generate revenue to offset some increases in expenditures through user fees and charges for service. However, when the Public Health Lab was given the authority to raise fees for services, it was not given the authority to spend fees until they are appropriated which has limited the effectiveness of replacing General Funds with user fees. Removing Footnote 4 in enrolled act SEA 0029 would give the WDH additional flexibility to replace General Funds with user fees.

### 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Public Health Lab	\$ 30,816	\$ 3,649,140	\$ 337,180

## 2014 General Fund Cuts Proposed Continued

2014 Cuts: This will reduce lab supplies such as reagents and testing kits. The Lab updated rules for fees to collect more revenues and these lab supplies could be shifted to be paid for by user fees from General Funds, if permitted.

## 2015-2016 General Fund Cuts Proposed

2015-2016 Cuts: Both PHL Microbiology and Chemistry labs will receive staffing and supply reductions proportional to their total budgets. Cost reductions will include equipment maintenance contracts and reducing or eliminating tests that cannot be supported through increases in fees.

Through anticipated retirements, vacant FTEs will be converted to part time positions and reduce the funding for those positions to 60%. Recommendations would be for two (2) lab technicians and a clerical position. This would be a total reduction of \$120,000. Reductions in 200 series by \$217,180 will occur for both the microbiology and chemistry sections.

The lab will have reduced capacity to test for clinical disease testing, water testing or drugs and alcohol, affecting testing services provided to other agencies/clients. Some tests may not be offered.

However, if increased fees for service are considered as applicable to this process because they reduce General Fund expenditures, then less cuts will be necessary in this area. The laboratory will plan to complete a comprehensive review of operational lab processes/functions for future efficiencies.

## Program Metrics

In SFY 2011, 17,051 microbiology tests were analyzed with a 99% accuracy rate (based on controls analyzed) and a 97% turnaround time success rate on critical samples. In the chemical testing program, over 32,000 urine samples are analyzed yearly for drugs of abuse and about 2,000 samples for alcohol in blood; about 20% of urine samples are positive for drugs.

## Additional Functions

Public Health Lab functions in addition to testing include providing expert witness court testimony, developing new test systems, training law officers, providing quality control for the intoximeter program, and providing consultation for state agency officials on testing for drugs and alcohol. The lab also supports response to emerging diseases, outbreaks and bioterrorism events and has emphasized testing using technologies that rapidly detect and characterize new diseases.



# Tobacco Prevention and Control

Wyoming  
Department of  
Health

## Program Description

The Comprehensive Tobacco Prevention and Control Program exists to reduce tobacco use through a multi-pronged approach to prevention. The program also assists individuals to quit tobacco use.

## Standard Budget History

	2005-2006	2007-2008	2009-2010	2011-2012	2013-2014	10 yr. Growth
<b>General Fund</b>	\$-	\$-	\$3,875,332	\$3,439,528	\$3,466,517	-
<b>Federal/Other</b>	\$7,948,680	\$10,032,124	\$10,196,139	\$8,572,293	\$9,309,438	17%
<b>Total</b>	\$7,948,680	\$10,032,124	\$14,071,471	\$12,011,821	\$12,775,955	61%
<b>WDH Positions</b>	4	5	7	9	7	75%

## What Drives Cost?

The number and amount of grants and the intensity of prevention activity are the main drivers of cost.

## 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Tobacco Prevention	\$308,227	\$3,158,290	\$347,412

2014 Cuts: A reduction in funds used to fund a family dinner activity with the Healthy Marriage Initiative and a social media campaign with the Wyoming Meth Project.

*Continued on next page.*

## **2014, 2015-2016 General Fund Cuts Proposed**

2015-2016 Cuts: Funding to the Prevention Management Organization for the provision of community-based substance abuse prevention services will be reduced in the amount of \$247,412 from funds currently obligated under the Core Prevention contract with the Community Resource Center of Johnson County to establish and implement a statewide Prevention Management Organization for substance abuse and suicide prevention. At this time, it is anticipated that the proposed budget cut will not require reductions in community program staff below current levels, and that such reductions will be minimal.

Additionally, the reductions utilize funding in the amount of \$100,000 that was originally earmarked for program evaluation, but removed from the current WYSAC contract when the amount of that contract was reduced at the Director's request. It is not anticipated that this reduction will significantly affect the overall value of program evaluation services.

In conjunction with the proposed cuts for Substance Abuse Prevention, the proposed budget cut constitutes a 7.28% reduction of current funding levels for the Core Prevention Initiative (\$11,203,091 of combined state and federal funds). Specific cuts to administrative costs of the Prevention Management Organization, community staffing and programmatic services will be based on a review and evaluation of the operational effectiveness of both CRC of Johnson County and the respective community programs.

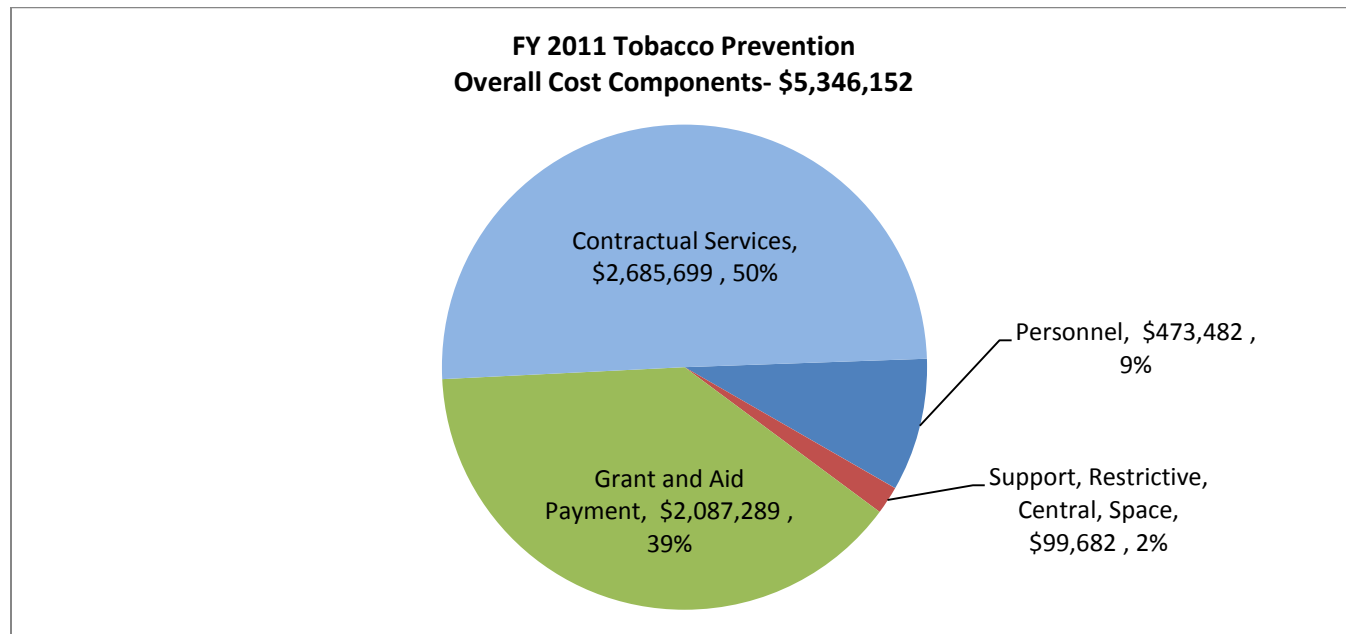
## **Programs**

The program includes 24 Tobacco Free Wyoming Community programs, Wyoming Quit Tobacco Program cessation services, which includes free or low cost nicotine replacement therapy and the Wyoming Quitline telephone-based counseling services and Quitnet web-based counseling services. During SFY 2011, the Wyoming Quit Tobacco Program served 4,002 individuals, who enrolled either through telephone based quitline or Internet-based quitnet services.

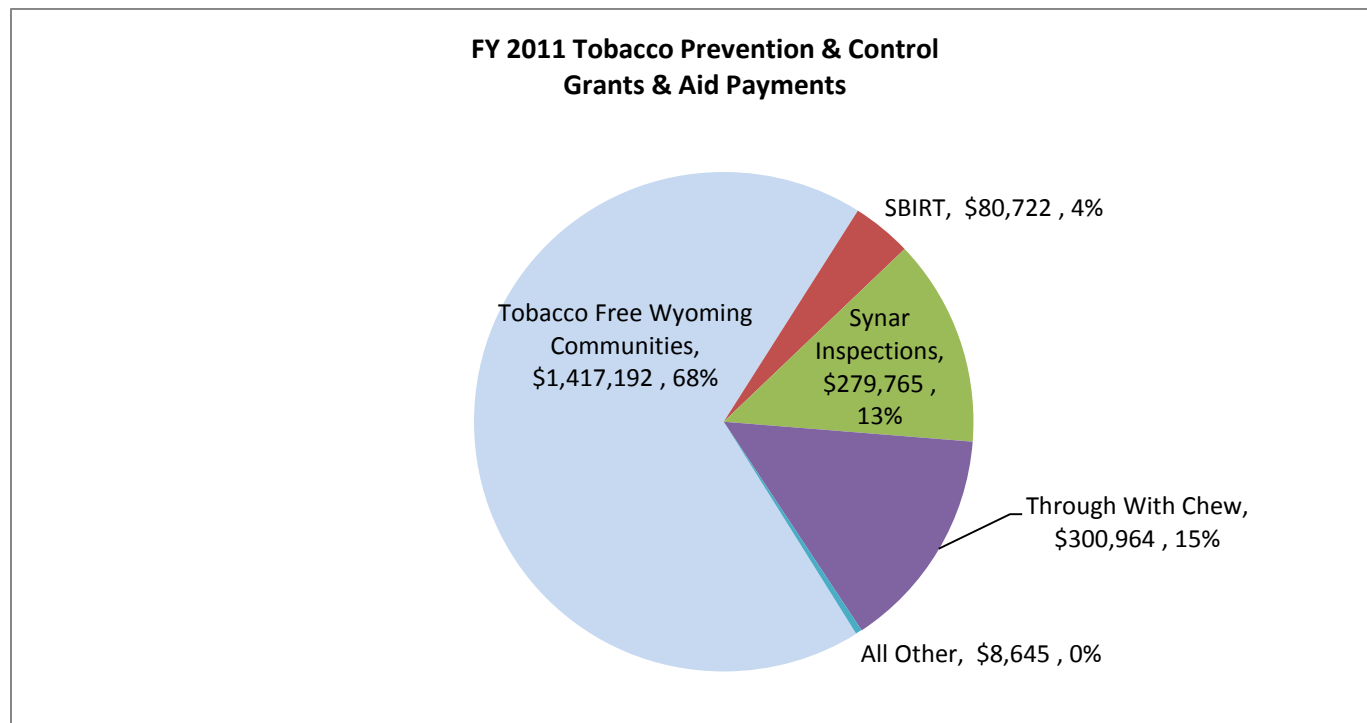
The Statewide Synar Enforcement Program has consistently and significantly reduced tobacco sales to minors (below 10% for the last seven years and at 8.7% for SFY 2011). It has accomplished this by using a partnership with the Wyoming Association of Sheriffs and Chiefs of Police to perform approximately 1,000 citation driven tobacco retailer compliance checks. The Wyoming Through With Chew Program is working to reduce the high percentage of Wyoming smokeless tobacco use. The statewide technical assistance consortium provides technical assistance to communities. A comprehensive evaluation and surveillance component of the entire tobacco program is conducted by the University of Wyoming Survey & Analysis Center (WYSAC).

## Additional Information

The Tobacco Prevention and Control program spends a majority of its budget on contractual services and grant & aid payments.



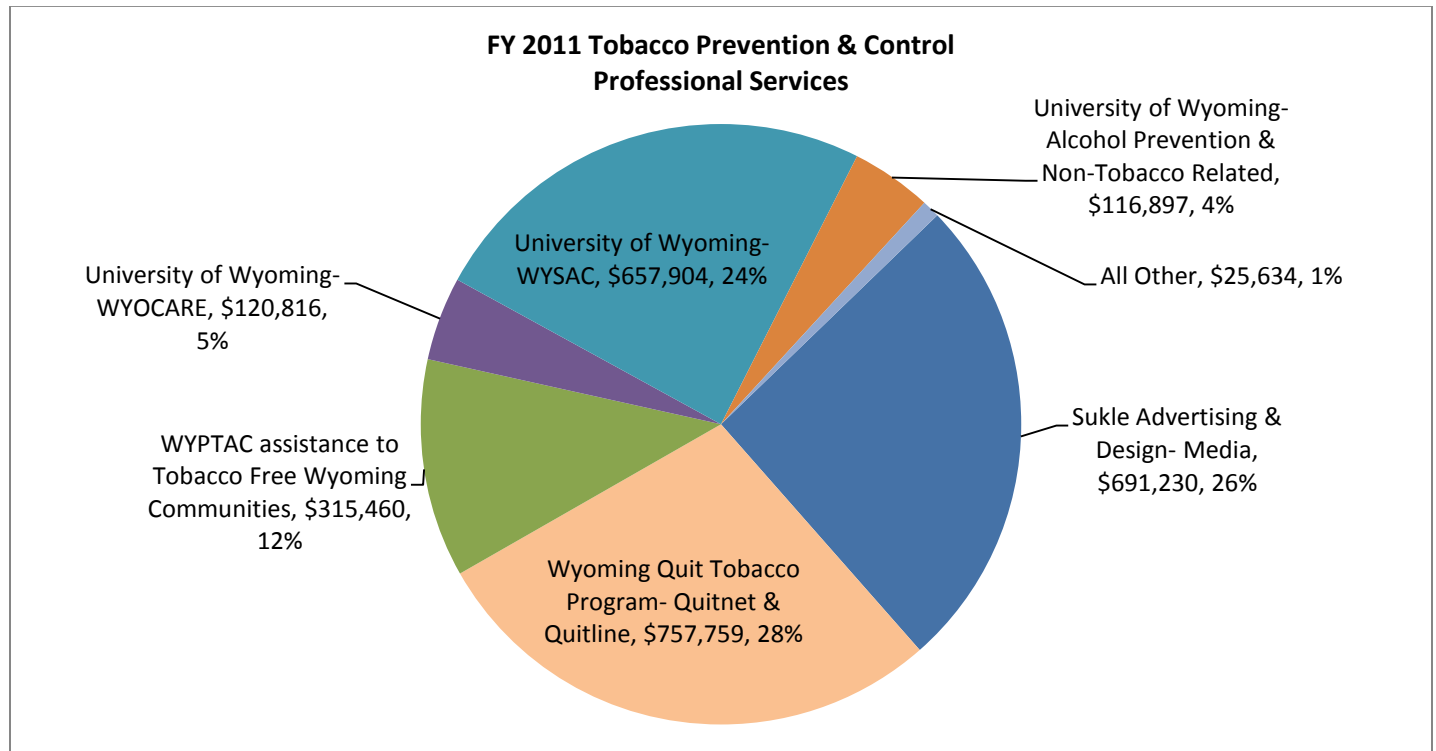
Grant and aid payments go have been used to support outside organizations such as Tobacco Free Wyoming Counties, Through With Chew, and Synar inspections by local law enforcement.



# Tobacco Prevention and Control

Wyoming  
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Professional services have been used to fund the Quitnet and Quitline, advertising and marketing, WYSAC, and WYPTAC assistance to Tobacco Free Wyoming Counties.



# Programs under \$3,000,000 in Total General Fund Budget

Wyoming  
Department of  
Health

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2015 6% GF Cuts	2015-2016 8% GF Cuts
Vital Statistics	\$ 5,000	\$ 1,350,428	\$ 30,000	\$ 30,000
State Health Officer	-	440,548		-
Emergency Medical Services	38,793	1,803,702		198,407
Poison Center	-	97,168		-
Rural Health	26,131	1,280,417	25,000	108,443
Provider Loan Repayment	11,520	564,480	400,000	400,000
Renal Dialysis	28,876	1,414,908		-
CPH Administration	-	645,368		-
Oral Health	-	1,395,150		-
WIC	33,321	1,632,721	75,000	179,599
PHS Administration	3,250	1,092,100		120,131
Cancer Programs - Federal	-	153,398		-
Cancer Programs - State	-	773,716	70,000	191,551
HIV/AIDS	9,030	842,470	40,000	91,798
STD Prevention	37,004	38,988		-
Diabetes Control	2,000	322,887	20,000	35,517
Infectious Disease Epidemiology	4,521	221,491		-
Behavioral Health Admin	4,475	807,495		4,475
Respite Care	3,000	147,000		-
Aging Admin	11,042	918,487	40,000	91,034
Nutrition Services	69,270	537,426		-
Elder Rights	3,438	297,182		-
Senior Volunteer Service	17,500	487,500		-
Health Care Licensing	-	1,426,392		-
<b>Total General Fund Budget</b>	<b>\$ 308,171</b>	<b>\$ 18,691,422</b>	<b>\$ 700,000</b>	<b>\$ 1,450,955</b>

## 24 Budgets Under \$3 Million General Fund

There are 24 other budgets that represent \$3 million or less in General Funds each per biennium. Some programs are 100% General Funded while others are funded primarily through Federal or other funding sources. This lost revenue/match and the beneficial impact of the program were considered in the process of making cuts.

The seventeen budget areas with proposed cuts for FY 2014 are Vital Statistics, Emergency Medical Services, Rural Health, Provider Loan Repayment, Renal Dialysis, WIC, PHS Administration, Cancer Programs-State, HIV/AIDS, STD Prevention, Diabetes Control, Infectious Disease Epidemiology, Behavioral Health Administration, Respite Care, Aging Administration, Nutrition Services, Elder Rights, and the Senior Volunteer Service.

The eleven budget areas with proposed cuts for FY 2015-16 are Vital Statistics, Emergency Medical Services, Rural Health, Provider Loan Repayment, WIC, PHS Administration, Cancer Programs-State, HIV/AIDS, Diabetes Control, Behavioral Health Administration, and Aging Administration.

### **Vital Statistics** **2014, 2015-2016 General Fund Cuts Proposed**

<b>Program</b>	<b>2014 4% Cuts</b>	<b>2013-2014 Total GF Budget</b>	<b>2015-2016 8% GF Cuts</b>
Vital Statistics	\$5,000	\$1,350,428	\$30,000

2014 Cuts: \$5,000 reduction to contractual services.

2015-2016 Cuts: \$30,000 reduction to contractual services.

### **Emergency Medical Services** **2014, 2015-2016 General Fund Cuts Proposed**

<b>Program</b>	<b>2014 4% Cuts</b>	<b>2013-2014 Total GF Budget</b>	<b>2015-2016 8% GF Cuts</b>
Emergency Medical Services	\$ 38,793	\$ 1,803,702	\$ 198,407

2014 Cuts: A reduction of six training classes offered including support and contractual services.

2015-2016 Cuts: The Office of Emergency Management Services (OEMS) provides technical assistance, regulation, and training to EMS agencies and hospitals. Equipment for training is provided at no charge to any requesting agency, and support for local training conferences is offered through the Office. Travel, equipment purchases, and conference support will be reduced as part of the cuts.

The OEMS will continue to shift to a more centralized educational delivery model by continuing to build programs in conjunction with the community colleges. Types of assistance available will be reduced. The use of technology for the conduct of meetings will be maximized.

# 24 Budgets Under \$3 Million General Fund

## Rural Health 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Rural Health	\$ 26,131	\$ 1,280,417	\$ 108,443

2014 Cuts: A reduction in contractual services based on unused funds in the 2011-2012 biennium and the ability to shift some expenses to federal grants.

2015-2016 Cuts: Reductions will be taken from discretionary funding that supports short term community-based projects and pipeline educational programs which vary by year. New short-term programs are built around funding availability. Fewer new programs will be funded; however, no ongoing short-term programs will be impacted.

## Provider Loan Repayment 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Provider Loan Repayment	\$ 11,520	\$ 564,480	\$ 400,000

2014 Cuts: Minor adjustments to administrative budget for the program by adjusting third-party contract for the grant application cycle.

2015-2016 Cuts: The Physician Recruitment Grant Program (W.S. 35-1-1101) provides five awards per biennium, not to exceed \$80,000 per award, to recruiting entities for expenses incurred while recruiting a physician from out of state: \$30,000 signing bonus, \$20,000 moving expenses, \$20,000 medical malpractice insurance, and \$10,000 in advertising costs. The grant program can currently support 5 awards per biennium.

Inflexibility in legislative language regarding vacancies, advertising, start dates, and redirecting awards from unsuccessful recruiting entities, has led to this program not expending all funds.

### Past Awards:

For biennium ending 06/30/10

- \$400,000 budget (5 awards)
- \$137,483.82 was reimbursed (2 awards)
- \$262,516.18 was unexpended

For biennium ending in 06/30/12

- \$400,000 budget (5 awards)
- \$151,275.77 was reimbursed (3 awards)
- \$248,724.23 was unexpended

# 24 Budgets Under \$3 Million General Fund

Wyoming  
Department of  
Health

## Renal Dialysis 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Renal Dialysis	28,876	1,414,908	-

2014 Cuts: A reduction in client services funding, as client numbers have been lower than average and this budget has not been fully utilized in recent years.

## WIC 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
WIC	\$ 33,321	\$ 1,632,721	\$ 179,599

2014 Cuts: Contractor expenses for the Wyoming WIC Electronic Benefit Transfer (EBT) system are expected to be less with the roll-out of the new Mountain Plains States Consortium (MPSC) State Agency Model (SAM) management information system (MIS) in November 2012.

2015-2016 Cuts: The proposed budget cuts would be implemented across 3 areas in the WIC program. A reduction of \$75,000 would require the elimination of 1.5 full-time staff member positions.

A reduction of \$7,500 would decrease the out-of-state travel to certify store systems who accept the WIC EBT card for participants to redeem their monthly food benefits.

A reduction of \$97,099 would reduce contracted WIC MIS/EBT development, maintenance, and enhancement services.



# 24 Budgets Under \$3 Million General Fund

Wyoming  
Department of  
Health

## Preventive Health & Safety (PHS) Administration 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
PHS Administration	\$ 3,250	\$ 1,092,100	\$ 120,131

2014 Cuts: A reduction in equipment rentals.

2015-2016 Cuts: One consideration merges the current Executive Assistant to reassigned duties of the PHS. If a vacancy were to occur in the PHS, salary would be shared/shifted by another vacancy, and the Executive Assistant would take on other duties.

The second option would be to have the State Public Health Veterinarian absorb other duties of future Epidemiologist vacancies, or repurpose the section administrator position under the reorganized PHS.

The final decision would be made when a vacancy occurs in one of these areas.

## Cancer Programs - State 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Cancer Programs - State	-	\$ 773,716	\$ 191,551

2015-2016 Cuts: This option would eliminate all state general fund designated for colonoscopies. This would result in approximately 108 fewer colonoscopies being performed each year. There remains approximately \$1.4 million in tobacco settlement funds designated for colorectal screening.

# 24 Budgets Under \$3 Million General Fund

Wyoming  
Department of  
Health

## HIV/AIDS 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
HIV/AIDS	\$ 9,030	\$ 842,470	\$ 91,798

2014 Cuts: A reduction of contractual service with tasks to be assumed by staff.

2015-2016 Cuts: Approximately nine clients would no longer receive HIV antiretroviral medications through this program.

Clients who do not receive antiretroviral medications after taking them for an extended period of time often develop resistance, making treatment more challenging with fewer options available. Additionally, clients who do not take their medications as scheduled are at an increased risk of infecting others. Clients who cannot afford HIV medications will likely seek medical care at public health or emergency care settings, as most of the clients do not meet the current Medicaid income guidelines. The impact of the ACA/potential Medicaid expansion on this program has not been calculated; however, it is estimated that some current clients would be eligible for health insurance benefits that would make medication support from this program unnecessary.

## STD Prevention 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
STD Prevention	37,004	38,988	-

2014 Cuts: A reduction based on the ability to shift some expenses for medical lab supplies to federal grants and revenue from fees.

# 24 Budgets Under \$3 Million General Fund

Wyoming  
Department of  
Health

## Diabetes Control 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Diabetes Control	\$ 2,000	\$ 322,887	\$ 35,517

2014 Cuts: A reduction in in-state travel.

2015-2016 Cuts: General funds support the Behavioral Risk Factor Surveillance System (BRFSS) Coordinator's salary. The reduction in general funds will be supplemented by the CDC BRFSS cooperative agreement. The BRFSS cooperative agreement has funds available to offset the reduction in general fund.

## Infectious Disease Epidemiology 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Infectious Disease Epidemiology	4,521	221,491	-

2014 Cuts: A reduction in out-of-state travel.

## Behavioral Health Administration 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Behavioral Health Admin	\$ 4,475	\$ 807,495	\$ 4,475

2014 Cuts: A reduction in in-state and out-of-state travel.

2015-2016 Cuts: This unit funds three administrative positions, including the Senior Administrator, the MHSAS Administrator, and the Senior Administrator's Executive Assistant. Travel and supplies have already been reduced in this unit for FY 2014, although some further savings will be achieved in this area.

# 24 Budgets Under \$3 Million General Fund

Wyoming  
Department of  
Health

## Respite Care

### 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Respite Care	3,000	147,000	-

2014 Cuts: A \$3,000 reduction to respite services to be spread across all families.

## Aging Administration

### 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Aging Admin	\$ 11,042	\$ 918,487	\$ 91,034

2014 and 2015-2016 Cuts: One program manager position will be eliminated and one administrator position will be reclassified to the program manager level.

## Nutrition Services

### 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Nutrition Services	\$ 69,270	\$ 537,426	-

2014 Cuts: This will eliminate the State paying for a portion of the local match requirement and will increase the local match for federal funds needed from providers and communities.

## Elder Rights

### 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Elder Rights	\$ 3,438	\$ 297,182	-

2014 Cuts: This will reduce some funding for elder rights campaigns and programs.

## 24 Budgets Under \$3 Million General Fund

Wyoming  
Department of  
Health

### Senior Volunteer Service 2014, 2015-2016 General Fund Cuts Proposed

Program	2014 4% Cuts	2013-2014 Total GF Budget	2015-2016 8% GF Cuts
Senior Volunteer Service	17,500	487,500	-

2014 Cuts: This will reduce some funding for the foster grandparent and senior companion services.

